
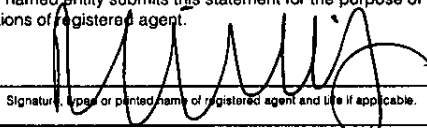
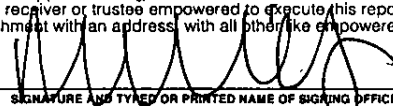


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90078 035 ****61.25

DOCUMENT # N95000002599 1. Entity Name JOHN REYNOLDS & ELEANOR B. ALLEN CHARITABLE FOUNDATION, INC.					
Principal Place of Business 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602			Mailing Address 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3317122				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALISH, WILLIAM 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Robert S. Williams Street Address (P.O. Box Number is Not Acceptable) 100 E. Madison Street Suite 300 City Tampa		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			DATE 3-20-05		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALISH, WILLIAM 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD W. Reynolds Allen 324 Hyde Park, Suite 350 Tampa, FL 33606
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMS, ROBERT S 100 S ASHLEY DR., STE. 1500 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Robert S. Williams 100 E. Madison Street, Suite 300 Tampa, FL 33602
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD- PERMENTER, TOMMY D JR. 100 S ASHLEY DR., STE. 1500 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tracy J. Robin 100 E. Madison Street, Suite 300 Tampa, FL 33602
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  Robert S. Williams			Date 3-20-05		
Daytime Phone # 813-223-9400					

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03162005 Chg-NP CR2E037 (10/03)