2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attac

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # N95000005043 04-24-2006 90448 038 ****61.25 THE ISPE FOUNDATION, INC. Principal Place of Business Mailing Address 3109 W DR MLK JR BLVD 3109 W DR MLK JR BLVD STE 250 STE 250 TAMPA, FL 33607 TAMPA, FL 33607 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-NP CR2E037 (11/05) Applied For 4. FEI Number 59-3388853 City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEST, ROBERT P 3109 W DR MLK JR BLVD Street Address (P.O. Box Number is Not Acceptable) **STE 250** TAMPA, FL 33607 Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be \Box Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D Delete TITLE Addition D'Eramo, Paul 5 Handley Court LANGE, BRIAN NAME NAME STREET ADDRESS 66 STEEPLECHASE DR. STREET ADDRESS CITY-ST-ZIP DOYLESTOWN, PA 18901 CITY-ST-ZIP 08512 STD TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME KLEIN, SUSAN NAME STREET ADDRESS STREET ADDRESS 3169 MASTERS DR CLEARWATER, FL 34621 CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Detete TITLE ☐ Change Addition BEST, ROBERT P NAME NAME STREET ADDRESS STREET ADDRESS 4513 DALE AVE. CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP TITLE **D**elete TITLE ☐ Change ___ Addition BROWN, JANE NAME STREET ADDRESS 103 VICTORIA STATION CT. STREET ADDRESS CARY, NC 27511 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 regelier or trustee empowered execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the informa-

other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED