

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000894

FILED
Apr 03, 2008
Secretary of State

Entity Name: HOLLAND & KNIGHT CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

201 NORTH FRANKLIN STREET
11TH FLOOR
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2877
TAMPA, FL 33601

New Mailing Address:

FEI Number: 31-1472972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEINSTEIN, ANDREW
Address: 701 BRICKELL AVE STE 3000
City-St-Zip: MIAMI, FL 33131

Title: CD () Delete
Name: LEFERE, MARIE
Address: ONE EAST BROWARD BLVD, STE 1300
City-St-Zip: FT LAUD, FL 33301

Title: ATAS () Delete
Name: PEASE, BOBBIE
Address: 100 N. TAMiami ST, STE 4100
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: JONES, JOHN A
Address: 100 N. TAMPA STREET, SUITE 4100
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: KIBLER, BURKE
Address: 2115 HARDEN BLVD.
City-St-Zip: LAKELAND, FL 33803

Title: TD () Delete
Name: STUTTS, CHARLES
Address: 100 N. TAMPA STREET, SUITE 4100
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA M. RUTH

D

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date