

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-28-2005 90060 005 \*\*\*\*61.25

**DOCUMENT # N96000003494**

1. Entity Name

GIFT OF LIFE FOUNDATION, INC.



Principal Place of Business

5601 MARINER ST.  
SUITE 230  
TAMPA FL 33609  
US

Mailing Address

5601 MARINER ST.  
SUITE 230  
TAMPA FL 33609  
US

2. Principal Place of Business

4511 N. HINES AVE

3. Mailing Address

4511 N. HINES AVE



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

SUITE 262

Suite, Apt. #, etc.

SUITE 262

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3390166

Applied For

Not Applicable

Zip

33614

Country

HILLSBOROUGH

Zip

33614

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGUIGAN, KARREN K  
3702 W ROLAND ST  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGUIGAN, KARREN K	
STREET ADDRESS	3702 W ROLAND ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGUIGAN, JAMES J	
STREET ADDRESS	3702 W ROLAND ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BERNALES, IRMA	
STREET ADDRESS	8501 MISTY RIVER COURT	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

**SIGNATURE:** *Karren K. McGuigan* **KARREN K. MCGUIGAN** 3-21-05 813-855-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #