


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000004037</b> 1. Entity Name <b>THE HOUGH FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>5700 MARINER ST. APT. 201E TAMPA, FL 33609</b>	Mailing Address <b>5700 MARINER ST. APT. 201E TAMPA, FL 33609</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3395491</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HENRY, SUSAN H 5700 MARINER STREET APT 201 E TAMPA, FL 33609</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOUGH, WILLIAM R 1 BEACH DR. SE, #1002 SAINT PETERSBURG, FL 337013908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOUGH, HAZEL C 1 BEACH DRIVE S.E. #1002 ST. PETERSBURG, FL 37221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD HOUGH-HENRY, SUSAN L 5700 MARINER ST., #201E TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOUGH, W. ROBB 400 COFFEE POT RIVIERA NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEINBERG, HELEN H 100 SECOND AVENUE SOUTH #800 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000578684  
01/08/07-80039-006 61.25

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12. 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 receiver or trustee empowered to execute this report as required by Chapter 817, 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:** Susan Hough Henry Jan 4, 2007 813.287.1852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #