

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90075 018 \*\*\*\*61.25

**DOCUMENT # N96000004784**

1. Entity Name  
**JOHN H. SYKES FOUNDATION, INC.**



Principal Place of Business  
**901 S. NEWPORT AVENUE  
TAMPA, FL 33606**

Mailing Address  
**P O BOX 2044  
TAMPA, FL 33601-2044 US**

40054103



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-6218520**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROD TAYLOR, ATTORNEY AT LAW  
12549 BUTLER BAY COURT  
WINDERMERE, FL 34786**

Name  
**Martin A. Traber**

Street Address (P.O. Box Number is Not Acceptable)  
**Foley & Lardner**

**100 North Tampa Street, Suite 2700**

City  
**Tampa**

FL

Zip Code  
**33602**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CDPT  
SYKES, SUSAN W  
901 S. NEWPORT AVE.  
TAMPA, FL 33606** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TAYLOR, KAREN S  
12549 BUTLER BAY COURT  
WINDERMERE, FL 34786** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STROKER, KATHY S  
6252 BLAKEFORD DRIVE  
WINDERMERE, FL 34786** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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:**

*Susan W. Sykes*

**Susan W. Sykes, President 813-259-1543**

**4/4/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #