

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005216

FILED
Apr 04, 2005
Secretary of State

Entity Name: THE FLORIDA AQUARIUM FOUNDATION, INC.

Current Principal Place of Business:

701 CHANNELSIDE DRIVE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

701 CHANNELSIDE DRIVE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3406946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, R. JAMES JR
101 EAST KENNEDY BOULEVARD
SUITE 3700
TAMPA, FL 33602 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: D () Delete
Name: HALL, TOM
Address: ONE TAMPA CITY CENTER, SUITE 2760
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: HARRIS, GREG
Address: 701 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: ROBBINS, R. JAMES JR.
Address: 101 E. KENNEDY BLVD. #3700
City-St-Zip: TAMPA, FL 33602

Title: TD () Delete
Name: IBARRA, RONALD
Address: 701 CHANNELSIDE DRIVE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: CASEY, KIMBERLY
Address: 701 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33602

Title: SD (X) Delete
Name: DRYER, STEPHEN
Address: 701 CHANNELSIDE DRIVE
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:

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

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

Title: () Change () Addition
Name:
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 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 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: KIMBERLY CASEY

D

04/04/2005

Electronic Signature of Signing Officer or Director

Date