

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005216

FILED
Apr 11, 2008
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: STOCKON, CHASE
Address: 2841 EXECUTIVE DRIVE, SUITE 200
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: STORK, THOM
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLANCHARD, ROBERT JR.
Address: 1414 SWANN AVE, SUITE 201
City-St-Zip: TAMPA, FL 33606

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

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

Title: D (X) Change () Addition
Name: ISAACSON, HOWARD
Address: 821 FIFTH AVE. SOUTH, SUITE 310
City-St-Zip: NAPLES, FL 34102

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: KIMBERLY CASEY

CFO

04/11/2008

Electronic Signature of Signing Officer or Director

Date