

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002270

FILED
Jan 15, 2007
Secretary of State

Entity Name: THE ROBERT L. SANDERSON FOUNDATION, INC.

Current Principal Place of Business:

288 BEACH DR NE
PH1
SAINT PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

288 BEACH DR NE
PH1
SAINT PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-3459750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERSON, ROBERT L
288 BEACH DR NE
PH1
SAINT PETERSBURG, FL 33701 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: PD () Delete
Name: SANDERSON, ROBERT L
Address: 288 BEACH DR NE PH1
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: SD () Delete
Name: CHASM, THOMAS
Address: 3718 16TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D () Delete
Name: FELICE, WILLIAM
Address: 1 BEACH DRIVE SE #2211
City-St-Zip: ST PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: CHASM, THOMAS
Address: 2450 CENTRAL AVE #203
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D (X) Change () Addition
Name: CRAIG, BRANDYCE
Address: 288 BEACH DR NE PH1
City-St-Zip: ST PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT SANDERSON

PD

01/15/2007

Electronic Signature of Signing Officer or Director

Date