

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90337 049 ****61.25

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02022006 Chg-NP CR2E037 (11/05)

DOCUMENT # N97000002705 1. Entity Name THE SALEM FOUNDATION, INC.					
Principal Place of Business SALEM BUILDING, SUITE 100 4600 KENNEDY BOULEVARD TAMPA, FL 33609			Mailing Address SALEM BUILDING, SUITE 100 4600 KENNEDY BOULEVARD TAMPA, FL 33609		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3445283	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SALEM, ALBERT M JR. SALEM BUILDING, SUITE 100 4600 KENNEDY BOULEVARD TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEM, ALBERT M JR. <input type="checkbox"/> Delete POST OFFICE BOX 18607 N/A TAMPA, FL 33679		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEM, TEDDY H <input type="checkbox"/> Delete POST OFFICE BOX 18607 N/A TAMPA, FL 33679		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEM, ALBERT M III <input type="checkbox"/> Delete POST OFFICE BOX 18607 N/A TAMPA, FL 33679		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEM, NANCY E <input type="checkbox"/> Delete POST OFFICE BOX 18607 N/A TAMPA, FL 33679		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEM, MARY G <input type="checkbox"/> Delete POST OFFICE BOX 18607 N/A TAMPA, FL 33679		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMPTON, ANNE S <input type="checkbox"/> Delete POST OFFICE BOX 18607 N/A TAMPA, FL 33679		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Anne S. Hampton</u> Anne S. Hampton <u>4/25/06</u> <u>8132863000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					