2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90023 010 ****61.25

DOCUMENT # N97000002705

1. Entity Name
THE SALEM FOUNDATION, INC.

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Principal Place of Business	Mailing Address
SALEM BUILDING, SUITE 100 4600 KENNEDY BOULEVARD TAMPA, FL 33609	SALEM BUILDING, SUITE 100 4600 KENNEDY BOULEVARD TAMPA, FL 33609

04012008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-3445283 ☐ 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
SALEM, ALBERT M JR. SALEM BUILDING, SUITE 100 4600 KENNEDY BOULEVARD TAMPA, FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2008**	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	D	☐ Delete
NAME	SALEM, ALBERT M JR.	
STREET ADDRESS	POST OFFICE BOX 18607 N/A	
CITY-ST-ZIP	TAMPA, FL 33679	
TITLE	D	☐ Delete
NAME	SALEM, TEDDY H	
STREET ADDRESS	POST OFFICE BOX 18607 N/A	
CITY-ST-ZIP	TAMPA, FL 33679	
TITLE	D	☐ Delete
NAME	SALEM, ALBERT M III	
STREET ADDRESS	POST OFFICE BOX 18607 N/A	
CITY-ST-ZIP	TAMPA, FL 33679	
TITLE	D	☐ Delete
NAME	SALEM, NANCY E	
STREET ADDRESS	POST OFFICE BOX 18607 N/A	
CITY-ST-ZIP	TAMPA, FL 33679	
TITLE	D	☐ Delete
NAME	SALEM, MARY G	
STREET ADDRESS	POST OFFICE BOX 18607 N/A	
CITY-ST-ZIP	TAMPA, FL 33679	
TITLE	D	☐ Delete
NAME	HAMPTON, ANNE S	
STREET ADDRESS	POST OFFICE BOX 18607 N/A	
CITY-ST-ZIP	TAMPA, FL 33679	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: Anne Hampton ANNE HAMPTON 4/8/08 813 286 3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #