

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90042 036 \*\*\*\*61.25

**DOCUMENT # N97000002845**

1. Entity Name  
**THE LITSCHGI FOUNDATION, INC.**



Principal Place of Business  
**939 SEDDON COVE WY  
TAMPA, FL 33602 US**

Mailing Address  
**939 SEDDON COVE WY  
TAMPA, FL 33602 US**



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3455802**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fees Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LITSCHGI, BYRNE**  
**100-400 NORTH ASHLEY DR., SUITE 3800**  
**TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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 *Byrne Litschgi*

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **LITSCHGI, ELAINE H**  
STREET ADDRESS **939 SEDDON COVE WAY**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D**  
NAME **LITSCHGI, BYRNE**  
STREET ADDRESS **939 SEDDON COVE WAY**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D**  
NAME **MCELWANEY, KATHLEEN L**  
STREET ADDRESS **4821 SAN JOSE AVE.**  
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D**  
NAME **LITSCHGI, ALBERT B JR.**  
STREET ADDRESS **2602 S. DUNDEE AVE. 3109 W. Sunset Drive**  
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Byrne Litschgi, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/18/05* *813-227-6564*  
Date Daytime Phone #