

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90041 033 ****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**

60019392



02022006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3455802

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LITSCHGI, BYRNE
Tampa
**100 NORTH ASHLEY DR., SUITE 3000
TAMPA, FL 33602**
4/00

**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

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, 2006**

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 3109 WEST SUNSET DRIVE
CITY-ST-ZIP TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06
Date

813/227-6561
Daytime Phone #

Byrne Litschgi