
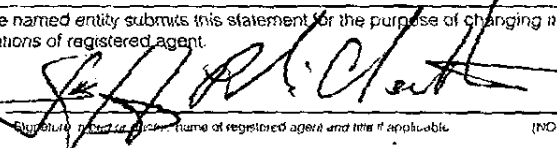


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000005301</b>			
1. Entity Name <b>HTR FOUNDATION, INC.</b>			
Principal Place of Business <b>100 SECOND AVE S STE 600 ST. PETERSBURG FL 33701 US</b>		Mailing Address <b>100 SECOND AVE S STE 600 ST. PETERSBURG FL 33701 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MCCLANATHAN, JEFFREY P. 100 SECOND AVE S STE 600 ST. PETERSBURG FL 33701</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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:  DATE: <b>1/2/06</b> <small>Signature required to change name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WESLEY, JAMES</b>	NAME	
STREET ADDRESS	<b>1350 ORANGE AVENUE STE 247</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLANATHAN, JEFFREY P</b>	NAME	
STREET ADDRESS	<b>100 SECOND AVE., SOUTH, STE. 606</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEXTON, DENNIS A</b>	NAME	
STREET ADDRESS	<b>801 SIXTH STREET SOUTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33701</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	




1st MOORE CR2E037 (10/05)

4. FEI Number **59-3496606** Applied For  Not Applicable

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

UD0000418054  
02/13/06-80081-006-61-25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Jeffrey P. McClanathan** 722-821-6111