

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

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003103**

1. Entity Name  
**LAZZARA MARINE FOUNDATION, INC.**



Principal Place of Business  
**5300 W TYSON AVE  
 TAMPA, FL 33611**

Mailing Address  
**5300 W TYSON AVE  
 TAMPA, FL 33611**



04042008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number **59-3517375** Applied For  
 Not Applicable

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

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

**LAZZARA, STEVEN B  
 5300 W TYSON AVE  
 TAMPA, FL 33611**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
 Due by May 1, 2006**

8. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LAZZARA, STEVEN B
STREET ADDRESS	5300 W TYSON AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	LAZZARA, RICHARD C
STREET ADDRESS	5300 W TYSON AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	WILLIAMS, CRAIG S
STREET ADDRESS	5300 W TYSON AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000522974  
 05/03/06-80053-025 150.00

**DO NOT WRITE  
 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: Steven B. Lazzara **STEVEN B. LAZZARA** 4-21-06 839-0090  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #