

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006925

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE CORBETT FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2202 N WEST SHORE BLVD
STE 110
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2202 N WEST SHORE BLVD
STE 110
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3548652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORBETT, RICHARD A
2202 N WEST SHORE BLVD
STE 110
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORBETT, RICHARD A
Address: 2202 N WEST SHORE BLVD STE 110
City-St-Zip: TAMPA, FL 33607

Title: VTD () Delete
Name: CORBETT, CORNELIA G
Address: 2202 N WEST SHORE BLVD STE 110
City-St-Zip: TAMPA, FL 33607

Title: SD () Delete
Name: CORBETT, HEATHER
Address: 2202 N WEST SHORE BLVD STE 110
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: CORBETT, CORNELIA H
Address: 2202 N WEST SHORE BLVD STE 110
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: CORBETT, ALYDA M
Address: 2202 N WEST SHORE BLVD STE 110
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: CORBETT, RICHARD F
Address: 2202 N WEST SHORE BLVD STE 110
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HEARTWELL, LAMARA
Address: 2202 N WEST SHORE BLVD STE 110
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: PORTER, ALYDA M
Address: 2202 N WEST SHORE BLVD STE 110
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A CORBETT

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date