2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State
02-20-2007 90048 006 ****61.25

DOCUMENT # N99000001573

1. Entity Name

TAMPA INTERBAY ROTARY FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 172486 TAMPA FL 33672-2486	P.O. BOX 172486 TAMPA FL 33672-2486

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3568149 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARLESS, HUGH 3713 DALE AVE. TAMPA FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P FRANCZESE, KEVEIN 1441 CYPRESS RESERVE DR TAMPA FL 33626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P David Jones 3004 San Isidro Tampa, FL 33629	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP WESSMAN, JAMES W 4502 WATROUS AVE TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP ROSET, MARGARET 2019 S. CAROLINA AVENUE TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP Vacant	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T SULLIVAN, CATHERINE M 5333 SOUTHWICK DR. TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SGT ELBE, GEORGE 13300 INDIAN ROCKS RD.,UNIT 1704 LARGO FL 33774	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Sgt. David Beede 3213 Oakellen Ave Tampa, FL 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PE JONES, DAVID 3004 SAN ISIDRO TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PE Bob Krueger 4213 Sylvan Ramble Tampa, FL 33609	☒ Change ☐ Addition

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: Catherine Mary Sullivan 2-8-07 727-821-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #