

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 20, 2005 8:00 am
Secretary of State

03-31-2005 90034 036 ****61.25

DOCUMENT # N99000002054 1. Entity Name FLORIDA OUTDOORS FOUNDATION, INC.					
Principal Place of Business 4501 E. COLUMBUS DR. TAMPA FL 33605			Mailing Address 4501 E. COLUMBUS DR. TAMPA FL 33605		
2. Principal Place of Business 2399 NORTH EAST COUNTY RD 138 Suite, Apt. #, etc. BRANFORD, FL City & State		3. Mailing Address 2399 NE CR 138 Suite, Apt. #, etc. BRANFORD, FL City & State			
Zip 32008	Country USA	Zip 32008	Country USA		
4. FEI Number 59-3588381				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent TATUM, TOM 4501 E. COLUMBUS DR. TAMPA FL 33605 2399 NE CR 138 BRANFORD, FL 32008			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D TATUM, TOM <input type="checkbox"/> Delete 4501 E. COLUMBUS DR. 2399 NE CR 138 TAMPA FL 33605 BRANFORD, FL 32008		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JOHN <input type="checkbox"/> Delete 15118 BRUSHWOOD DR. TAMPA FL 33624		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIOUSES, MICHAEL <input checked="" type="checkbox"/> Delete 5405 CYPRESS CENTER DR., STE. 330 TAMPA FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REY ENRIQUEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1011 NORTH PALMCOCK AVE TAMPA FL 33607 DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Tom Tatum</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-12-05 813-924-3152 <small>Date Daytime Phone</small>		