

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002708

FILED
Feb 24, 2009
Secretary of State

Entity Name: GLAZER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

ONE BUCCANEER PLACE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

ONE BUCCANEER PLACE
ATTN: ROXANNE KOSARZYCKI
TAMPA, FL 33607

New Mailing Address:

ONE BUCCANEER PLACE
ATTN: BRIAN A. FORD
TAMPA, FL 33607

FEI Number: 59-3578188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSARZYCKI, ROXANNE R ESQ
ONE BUCCANEER PLACE
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

FORD, BRIAN A
ONE BUCCANEER PLACE
TAMPA, FL 33607 US

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: BRIAN A. FORD

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GLAZER, ED
Address: ONE BUCCANEER PLACE
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: GLAZER, BRYAN
Address: ONE BUCCANEER PLACE
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: GLAZER, JOEL
Address: ONE BUCCANEER PLACE
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: GLAZER, ED
Address: ONE BUCCANEER PLACE
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: () 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: JOEL GLAZER

VTD

02/24/2009

Electronic Signature of Signing Officer or Director

Date