


**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

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

DOCUMENT # N99000002916 1. Entity Name	
BERNARD F. AND MARY ANN POWELL FOUNDATION, INC.	

Principal Place of Business 1700 GULF BLVD. BELLEAIR SHORES, FL 33786	Mailing Address 1700 GULF BLVD. BELLEAIR SHORES, FL 33786
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04272006 No Chg-NP CR2E037 (4/06)



4. FEI Number 59-3575091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

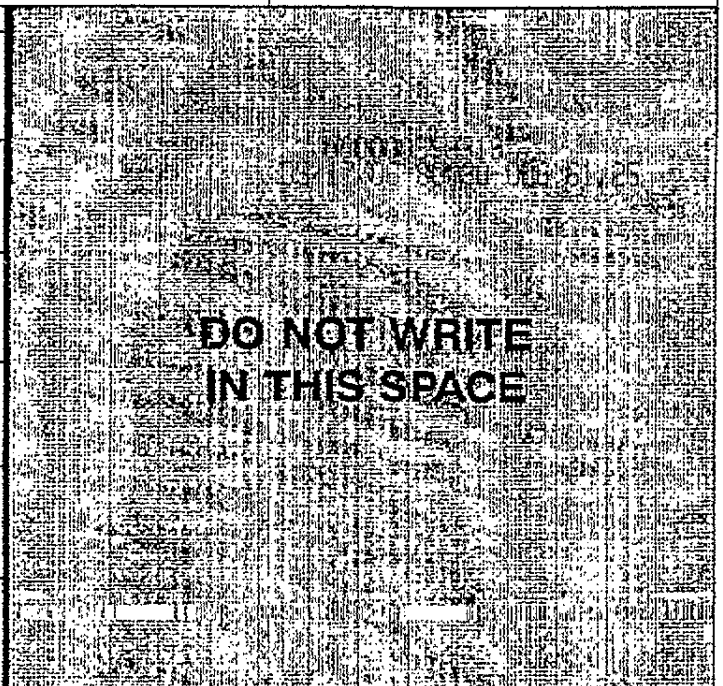
6. Name and Address of Current Registered Agent  POWELL, BERNARD 1700 GULF BLVD. BELLEAIR SHORES, FL 33786	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ U00000558319  
Signature, typed or printed name of registered agent and State if applicable. (NOTE: Registered Agent signature required when releasing) 05/17/06 00000-000-01.25

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POWELL, BERNARD 1700 GULF BLVD. BELLEAIR SHORES, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, MARY ANN 1700 GULF BLVD. BELLEAIR SHORES, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, ROGER A 911 CHESTNUT STREET CLEARWATER, FL 33758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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: *Joanne Goodman* JOANNE GOODMAN *K 4/27/06 727-399-2102*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date & Phone #