


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005542	
1. Entity Name WILLIAM A. GREGORY, JR. FOUNDATION, INC.	

Principal Place of Business C/O CARTER B. MCCAIN 400 N. TAMPA ST., STE. 2300 TAMPA, FL 33602	Mailing Address C/O CARTER B. MCCAIN 400 N. TAMPA ST., STE. 2300 TAMPA, FL 33602
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01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3607455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCAIN, CARTER B 400 N. TAMPA ST., STE. 2300 TAMPA, FL 33602
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHEEHAN, JAMES C 4521 SW PARK GATE BLVD. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, KAREN 3006 W EUCLID TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCREE, HEIDI 2917 W WALLCRAFT AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, CHRISTOPHER 2413 BAYSHORE BLVD #804 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAIN, CARTER 400 N TAMPA STREET STE 2300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000001170
01/09/04-80031-012 \$1.25

**DO NOT WRITE
IN THIS SPACE**

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: Carter B. McCain **CARTER B. MCCAIN** 1/6/04 **813 273 4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone