2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005542

FILED Jul 01, 2005 Secretary of State

Entity Name: WILLIAM A. GREGORY, JR. FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O CARTER B. MCCAIN C/O CARTER B. MCCAIN 400 N. TAMPA ST., STE. 2300 201 N. FRANKLIN ST, SUITE 2000 TAMPA, FL 33602 TAMPA, FL 33602 **Current Mailing Address:** New Mailing Address: C/O CARTER B. MCCAIN C/O CARTER B. MCCAIN 201 N. FRANKLIN STREET, SUITE 2000 400 N. TAMPA ST., STE. 2300 TAMPA, FL 33602 TAMPA, FL 33602 FEI Number: 59-3607455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCAIN, CARTER B 201 NORTH FRANKLIN STREET **SUITE 2000** TAMPA, FL 33602 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHEEHAN, JAMES C Name: Name: 4521 SW PARK GATE BLVD. Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: Title: () Delete () Change () Addition MILLS, KAREN Name: Name: Address: 3006 W EUCLID Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: () Change () Addition MCCREE, HEIDI Name: Name: 2917 W WALLCRAFT AVE Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TAYLOR, CHRISTOPHER Name: 2413 BAYSHORE BLVD #904 Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCCAIN, CARTER MCCAIN, CARTER Name: Name: 400 N TAMPA STREET STE 2300 201 N. FRANKLIN STREET, SUITE 2000 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARTER B. MCCAIN D 07/01/2005