

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005542

FILED
Apr 17, 2007
Secretary of State

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

Current Principal Place of Business:

C/O CARTER B. MCCAIN
201 N. FRANKLIN ST, SUITE 2000
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

C/O CARTER B. MCCAIN
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3607455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAIN, CARTER B
201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: MILLS, KAREN
Address: 3006 W EUCLID
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: MCCREE, HEIDI
Address: 2917 W WALLCRAFT AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: TAYLOR, CHRISTOPHER
Address: 2413 BAYSHORE BLVD #904
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: MCCAIN, CARTER
Address: 201 N. FRANKLIN STREET, SUITE 2000
City-St-Zip: TAMPA, FL 33602

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 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: KAREN MILLS

D

04/17/2007

Electronic Signature of Signing Officer or Director

Date