

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005542

**FILED**  
**Apr 30, 2010**  
**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  
Name: MILLS, KAREN  
Address: 3006 W EUCLID  
City-St-Zip: TAMPA, FL 33629

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

Title: D  
Name: TAYLOR, CHRISTOPHER  
Address: 19 SOUTH TREASURE DRIVE  
City-St-Zip: TAMPA, FL 33609

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

I hereby 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 all other like empowered.

SIGNATURE: CARTER B. MCCAIN

D

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date