2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# N99000005674

Entity Name: THE EARL N. CHITESTER FOUNDATION, INC.

Current Principal Place of Business:

5017 W LAUREL ST
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5017 W LAUREL ST
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3606587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD., STE. 309
TAMPA, FL 33620 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: CHITESTER, DAVID D
Address: 1111 N. WESTSHORE BLVD., STE. 308
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: CHITESTER, KATHLEEN M
Address: 1111 N. WESTSHORE BLVD., STE. 308
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: CHITESTER, FULVIA
Address: 432 MOTHERAL AVE.
City-St-Zip: MONESSEN, PA 15062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CHITESTER, DAVID D
Address: 5017 W LAUREL ST
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change ( ) Addition
Name: CHITESTER, KATHLEEN M
Address: 5017 W LAUREL ST
City-St-Zip: TAMPA, FL 33609

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: DAVID D CHITESTER D 07/11/2006

Electronic Signature of Signing Officer or Director — Date