

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90226 039 ****61.25

DOCUMENT # N99000006370

1. Entity Name
VICKI LYN ROBINSON FOUNDATION, INC.



Principal Place of Business
**401 E JACKSON STREET
27TH FLOOR
TAMPA, FL 33602**

Mailing Address
**401 E JACKSON STREET
27TH FLOOR
TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
38-3425937

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLUG, CHARLES E
401 E JACKSON STREET
27TH FLOOR
TAMPA, FL 33602**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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	D ENGLERT, JAMES 3121 EGRET TERRACE SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUFF, CARLTON 9416 FOREST HILLS CIRCLE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILIPS, EDWIN A 9041 BRELAND DRIVE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, BONNIE 237 ALADENA DRIVE SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLUG, THOMAS A 401 E JACKSON STREET STE 2400 LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLUG JR., CHARLES E 401 E. JACKSON STREET 27TH FLOOR TAMPA, FL 33602

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Klug, Jr.
Charles E. Klug, Jr.

Date

Daytime Phone #

4-29-04 (813) 314-6702