## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006928

Apr 27, 2006 Secretary of State

Entity Name: THE JUNE B. AND BRYAN J. ZWAN FOUNDATION, INC.

**Current Principal Place of Business:** New Principal Place of Business:

1700 SOUTH MACDILL AVENUE - SUITE 200 1700 SOUTH MACDILL AVENUE

TAMPA, FL 33629 SUITE 200

TAMPA, FL 33629

**Current Mailing Address:** New Mailing Address:

1700 SOUTH MACDILL AVENUE - SUITE 200 1700 SOUTH MACDILL AVENUE

TAMPA, FL 33629 SUITE 200

TAMPA, FL 33629 US

FEI Number: 59-3611266 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENDEE, BRETT ESQ. HENDEE, BRETT ESQ. 1700 S. MACDILL AVE., SUITE 200 1700 S. MACDILL AVENUE TAMPA, FL 336295218 US SUITE 200

TAMPA, FL 33629 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: 04/27/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

ZWAN, BRYAN J ZWAN, BRYAN J DR Name: Name:

100 S. ASHLEY DRIVE #1770 Address: 3000 BAYPORT DRIVE SUITE 800 Address: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33607 US

City-St-Zip:

Title: DST Title: DR (X) Change ( ) Addition ( ) Delete ZWAN, JUNE Name: ZWAN, JUNE B Name:

Address: 100 S. ASHLEY DRIVE #1770 Address: 3000 BAYPORT DRIVE SUITE 800

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33607 US

Title: DAS () Delete Title: (X) Change ( ) Addition HENDEE, BRETT Name: HENDEE, BRETT ESQ Name:

100 S. ASHLEY DRIVE #1770 100 S. ASHLEY DRIVE #1770 Address: Address:

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33629 US

ΑТ Title: () Delete Title: ( ) Change (X) Addition

Name: Name: RAGAINI, PAUL AT 3000 BAYPORT DRIVE SUITE 800 Address: Address:

City-St-Zip: City-St-Zip: TAMPA, FL 33607 US

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: PAUL RAGAINI ΑT 04/27/2006