

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90096 026 \*\*\*150.00

DOCUMENT # P97000065929

1. Corporation Name  
CPW FOUNDATION, INC.

Principal Place of Business

REGENCY PALM APTS  
4113 E LINEBAUGH AVE  
TAMPA FL 33617  
US

Mailing Address

11503 ARECA RD.  
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

59-3467007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

28 28128 Sidewinder Ln

28 Zephyrhills FL

29 33544

9. Name and Address of Current Registered Agent

WILLIAMS, MARNIE R  
11503 ARECA RD.  
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

Williams, Marnie R.

82 Street Address (P.O. Box Number is Not Acceptable)

28128 Sidewinder Lane

83

84 City

Zephyrhills

FL

85 Zip Code

33544

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Marnie R. Williams

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

(NOTE: Registered Agent signature required when reinstating)

4/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WILLIAMS, MARNIE R  
STREET ADDRESS 11503 ARECA RD.  
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ DELETE

NAME BENNETT, KIP E  
STREET ADDRESS 11503 ARECA RD.  
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

28128 Sidewinder Lane

Zephyrhills FL 33544

28128 Sidewinder Lane

Zephyrhills FL 33544

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marnie R. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

DATE

(813) 985-3600

Daytime Phone #

CR2E034 (11/98)