

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733754

Entity Name: THE NATHAN B. STUBBLEFIELD FOUNDATION, INC.**Current Principal Place of Business:**1210 E MARTIN LUTHER KING BLVD
TAMPA, FL 33603-4449**Current Mailing Address:**1210 E MARTIN LUTHER KING BLVD
TAMPA, FL 33603-4449 US**FEI Number:** 59-1619213**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PUTNEY, LOUIS D
2613 WATROUS AVE
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:** LOUIS D. PUTNEY

02/19/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name VALDES, LETICIA
Address PO BOX 18352
City-State-Zip: TAMPA FL 33679

Title S
Name HARRIS, JEFF
Address 1614 JACOB CT
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name MANNING, RICHARD
Address 8020 NORTH GOMEZ AVE
City-State-Zip: TAMPA FL 33604

Title PRESIDENT
Name PUTNEY, LOUIS
Address 2613 WATROUS AVE
City-State-Zip: TAMPA FL 33629

Title VP
Name HURLEY, RICK
Address 3102 W. DEBAZAN AVE
City-State-Zip: ST PETERSBURG FL 33706

Title VP
Name COX-JOHNSON, NANCY
Address 2303 FOREST CREST CIRCLE
City-State-Zip: LUTZ FL 33549

Title TREASURER
Name SEDITA, MICHAEL
Address 16213 3RD STREET EAST
City-State-Zip: REDINGTON BEACH FL 33708

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: LOUIS PUTNEY

PRESIDENT

02/19/2013

Electronic Signature of Signing Officer/Director Detail

Date