FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

ORANGE COUNTY BAR ASSOCIATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

FILED Feb 11 1997 8:00am Secretary of State



1/20/07

880 N ORANGE AVENUE #100 ORLANDO FL 32801				880 N ORANGE AVENUE #100 ORLANDO FL 32801-1085												
											3. Date Incorporate 04/01/198	ed or Qualified	3a. Da	ate of Last F 04/26/19	Report 96	7
2. Principal Place of Business					2a. Mailing Address					1. FEI Number 59-22151	A 4	_1	Aı	oplied For	1	
21	21			2	26					59-22151	41		N	ot Applicable]	
Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional					7			
22 City & State			2	City & State					Fee Required							
23				-	28				6	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
291	Zip	Country						untry			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032,					┨
24	•		25	2	9	ŀ	30	,		Florida Statutes Yes No						
	9. Name and Address of Current				gistered Agen	gent			10	10. Name and Address of New Registered Agent						
								81	Name)						1
ORANGE COUNTY BAR ASSOCIATION, II				ITION, INC.	IC.			82 Street Address (P.O. Box Number is Not Acceptable)								┨
880 N ORANGE AVENUE #100																
	ORLAND	O FL 3280	11					83								
								84	City					85 Zip	Code	1
١.,	Dureuent t	o the provin	ions of Coations	£17 0500 pp	4 617 1600 Ele	rida Ctatuta	n tha n	haus		d	an a density state as	1	<u>FL</u>	.		4
۱"	office or re	egistered ag	gent, or both, in the	he State of Fl	orida, Such ch	ange was a	uthorize	d by	the corp	rporation's	on submits this sta board of directors.	tement for the p . I hereby accep	orpose of the app	r changing r pointment as	registered registered	
	agent. I ar	n f am iliar w	ith, and accept ti	ne obligations	s of, Section 61	7.0503, Flo	rida Sta	tutes.	•							
SI	GNATURE _	Signature, typed	or printed name of reg	islered agent and	title if applicable	(NOTE	Registere	d Ager	it signature	re required wh	en reinstaling)		DATE			
12			OFFIC	ERS AND DIF			13.				ADDITIONS/CHAP	NGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	ี่ ร์
TIT	LE	D			×	DELETE	1.1 TI	ITLE		D				☐ Change	X Addition	Ì
NAME		MIHOK, A. THOMAS			1.2 N		AME			ohn Edwin Fisher					1,	
0014			20 E. ROBINSON ST. RLANDO FL 32801				1.3 STREET ADDRESS			20	20 N. Orange Ave. #1500					Į
-	Y-ST-ZIP	UKLANI	JO FL 32801			חרו רדר		ITY-ST	- ZIP		lando, FĪ	. 32801	_		1.4.00	ؤ[_
TIT	-	MODGA	N MADV ANN		X	DELETE	21 TI			T				Change	☐ Addition	۲
[MAME MORGAN, MARY ANN STREET ADDRESS 330 E. CENTRAL BLVD.		1				2.2 NAME 2.3 STREET ADDRESS 2		Gan	Gary J. Boynton						
			XX FL 32801	•							330 N. Broadway Ave					
TIT		PD				DELETE	3.1 Ti		I · ZIF	Dr.	lando, F L	, 32803	}	Change	Addition	1
NA	WE	LINDSE	Y, WARREN W				3.2 N			ע				27.		1
ST	EET ADDRESS		DUISIANA AVE.	#1			3.3 S	TREET A	ADDRESS							
ĊIT	Y-ST-ZIP	WINTER	PARK FL 3279	90			3.4. 0	:ITY - \$1	T-21P							
TIT	LE .	S			X	DELETE	4.1 TI	TLE		P				Change	X Addition	1
NA	ME		RUSSELL W.				4.2 N	IAME		R. I	Lee Benne	tt	_			
STF	STREET ADDRESS 14 E. WASHINGTON ST., #50		T., #50 0	4.33		4.3 S	TREET ADDRESS 20		201	Lee Bennett 01 E. Pine St., #1200						
	Y-ST-ZIP	_	O FL 32801		RW	05/575	_	ITY-ST	- ZIP		indo, FL	32801				_
וזוז		D TDEE6	SUILLID LI		LXJ	DELETE	5.1 TI			D.	m			Change	Addition	
	NAME TREES, PHILLIP H. STREET ADDRESS 201 E.PINE STREET			5.2 N					Brian T. Wilson							
STREET ADDRESS CITY-ST-ZIP		ORLANDO, FL 00000							ADDRESS	719 Vassar Street Orlando, FL 32804						
TIT		ED	/V, 1 L V00V0			DELETE	5.4 CI 6.1 TI	TLF	- 212	Urla	indo, FL	32804		Change	Addition	-
NAI	-		OISE O.				6.2 N/							டு புவரிச		
	EET ADDRESS		DRANGE AVE						ADDRESS							
CITY-ST-ZIP ORLANDO, FL 00000				6.4 CF												
<u> </u>	- erisett 1	7 7-					040		411	1						1

14. I do 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 conforation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.