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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32408** **(9)**

1. Corporation Name

THE FIRST ORLANDO FOUNDATION, INC.

Principal Place of Business	Mailing Address
2667 BRUTON BLVD ATTN: LARRY TAYLOR ORLANDO FL 32805 US	2667 BRUTON BLVD ATTN: LARRY TAYLOR ORLANDO FL 32805-5726 US

3. Date Incorporated or Qualified: 05/17/1989
3a. Date of Last Report: 03/30/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: 59-2953515 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAYLOR, LARRY
2667 BRUTON BLVD
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERLAIN, PETE		1.2 NAME		
STREET ADDRESS	2845 MARQUESSA CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL		1.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, LARRY		2.2 NAME		
STREET ADDRESS	2667 BRUTON BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRISWOLD, JOHN		3.2 NAME		
STREET ADDRESS	11039 CLIPPER COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HETRICK, KENNETH M		4.2 NAME		
STREET ADDRESS	2667 BRUTON BOULEVARD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HENRY, JAMES B.		5.2 NAME		
STREET ADDRESS	3701 L.B. MCLEOD RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	SCHRIMSHER, STEVEN		6.2 NAME	SCHRIMSHER, STEVEN	
STREET ADDRESS	2527 PERSHING OAKS PL		6.3 STREET ADDRESS	3340 CARLA STREET	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	ORLANDO FL 32806	

CR2E037 (9/96)

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LARRY A. TAYLOR Larry A Taylor 1/13/97 (407)425-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000824