FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N32408

(9)

THE FIRST ORLANDO FOUNDATION, INC.

FILED May 14 1998 8:00am Secretary of State

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 US		3. Date Incorporated or Qualified 05/17/1989 4. FEI Number Applied Fo 59-2953515 Not Applie			
2. Principal Place of Business 21 612 E. Colonial Drive 22 Mailing Address 26 612 E. Colonial		Dr.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Sulte, Apt. #, etc. Suite 190	Suite, Apt. #, etc. 27 Suite 190		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State Orlando, Florida	City & State Orlando, FL		7. Is this nonprofit corporation a homeowr	ners association?		
Zip Country 24 32803 25 Orange	29 32803 30 0	ntry range	8. This corporation owes or has paid the Personal Property Tax due June 30.	Yes X No		
9. Name and Address of Curren	t Registered Agent	 	10. Name and Address of New Registere	d Agent		
TAYLOR, LARRY 2067 BRUTON BLVD ORLANDO FL 32805		81 Name Randall James 82 Street Address (P.O. Box Number is Not Acceptable) 612 E. Colonial Drive 63 Suite 190 84 City 9 1 1 1 85 Zio Code				
Pursuant to the provisions of Sections 617.050/ office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.	of Florida. Such change was authorize	bove-named corporation by the corporation	ration submits this statement for the purpose	5 of changing its registered		

	a 1 . 1						
SIGNATURE	Signature, typed or printed name of spristered agent and title If a	Randal	1 James, I	President e required when reinstating)	<u>4/23/98</u>		
12.	OFFICERS AND DIRECTORS		13.			2	
TITLE	PD	DELETE	1.1 TITLE	C	XX Change	Addition	
NAME	CHAMBERLAIN, PETE		1.2 NAME	Chamberlain, Pete			
STREET ADDRESS	2845 MARQUESSA CT		1.3 STREET ADDRESS	2845 Marquessa Ct.			
CITY-ST-ZIP	WINDERMERE FL		1.4 CITY-ST-ZIP	Windermere, FL			
TITLE	MD	XX DELETE	2.1 TITLE	P	Change	Addition	
NAME	TAYLOR, LARRY	-ET PALCIE	2.2 NAME	James, Randall		AA.	
			•				
STREET ADDRESS	2667 BRUTON BLVD.			612 E. Colonial Drive	- Suite 190		
CITY-ST-ZIP	ORLANDO FL 32805		2. 4 CITY+ST-ZIP	Drlando, FL 32803	——————————————————————————————————————	A 4 404	
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	\$TD	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	ΫD	DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME	SCHRIMSHER, STEVEN		6.2 NAME				
CTOFFT ADVANCES	SEST DEDCHING MAKE DI		E 2 CTREET ANNUESC				

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

ORLANDO FL

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