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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 722307

1. Corporation Name

THE DR. P. PHILLIPS FOUNDATION

Principal Place of Business

60 W ROBINSON STREET
P O BOX 3753
ORLANDO FL 32802

Mailing Address

60 W ROBINSON STREET
P O BOX 3753
ORLANDO FL 32802



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
12/20/1971

4. FEI Number
59-6135403

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

9. Name and Address of Current Registered Agent

**HINSON, J.A.
60 W. ROBINSON STREET
ORLANDO FL 32801**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HINSON, J.A.**
STREET ADDRESS **60 W ROBINSON ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE **ASTD** ☐ DELETE
NAME **BURNETT, H.L.**
STREET ADDRESS **60 W ROBINSON ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE **EVD** ☒ DELETE
NAME **SIMON, R. A.**
STREET ADDRESS **60 W ROBINSON STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **STD** ☐ DELETE
NAME **FUREY III, E F**
STREET ADDRESS **60 W ROBINSON ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **HUBBARD, L E**
STREET ADDRESS **60 W. ROBINSON STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **ROSS, THOMAS T**
STREET ADDRESS **60 W. ROBINSON STREET**
CITY-ST-ZIP **ORLANDO FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PDC

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

J. A. HINSON

SIGNATURE:

SIGNATURE REQUIRED

4/23/99

407-422-6105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

722307
53213990127.7

722307

CORPORATION ANNUAL REPORT
1999

THE DR. P. PHILLIPS FOUNDATION

DOCUMENT #722307

BOX 12 - OFFICERS & DIRECTORS
Additional Information

- 7.1 D
- 7.2 FLETCHER JR., RICHARD L.
- 7.3 60 W. ROBINSON ST
- 7.4 ORLANDO, FL