

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90046 022 ****61.25

DOCUMENT # 722307

1. Entity Name
THE DR. P. PHILLIPS FOUNDATION



Principal Place of Business
**60 W ROBINSON STREET
P O BOX 3753
ORLANDO, FL 32802-3753**

Mailing Address
**60 W ROBINSON STREET
P O BOX 3753
ORLANDO, FL 32802-3753**

DO NOT WRITE IN THIS SPACE



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6135403

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLETCHER, RICHARD L JR.
60 W. ROBINSON ST.
ORLANDO, FL**

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

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

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

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Ed. F. Furey, III Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/04 407-422-6105