
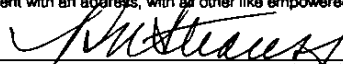


FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90046 036 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000005915		
1. Entity Name 1904 FOUNDATION, INC.		
Principal Place of Business 400 N. NEW YORK AVE., STE. 200 WINTER PARK, FL 32789		Mailing Address 400 N. NEW YORK AVE., STE. 200 WINTER PARK, FL 32789
DO NOT WRITE IN THIS SPACE		
60006697		
(N02000005915N)		
01172006 No Chg-NP CR2E037 (11/05)		
4. FEI Number 06-1669947		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
WARD, HAROLD A III 250 PARK AVE. SOUTH, 5TH FLOOR WINTER PARK, FL 32789		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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____		
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	WARD, HAROLD A III	
STREET ADDRESS	250 PARK AVE. SOUTH, 5TH FLOOR	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	VD	
NAME	WOODMAN, VICTOR E	
STREET ADDRESS	250 PARK AVE. SOUTH, 5TH FLOOR	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	TD	
NAME	STRAUSS, RICHARD M	
STREET ADDRESS	400 N. NEW YORK AVE., STE. 200	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	S	X DELETE
NAME	GERKEN, ANN H	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	400 N. NEW YORK AVE., STE. 200	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	
NAME	CAROLAN, J.P. III	
STREET ADDRESS	390 NORTH ORANGE AVE., #1500	
CITY-ST-ZIP	ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		1/17/2006 407-644-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #
Richard M. Strauss Treasurer		