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**Feb 27, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 709464**

1. Corporation Name

**C.V. GRIFFIN, SR. FOUNDATION, INC.**

Principal Place of Business

206 CROTON WAY  
PO BOX 126  
HOWEY-IN-THE-HILLS FL 34737

Mailing Address

206 CROTON WAY  
PO BOX 126  
HOWEY-IN-THE-HILLS FL 34737



2. Principal Place of Business

21 200 N. Denning Dr.

Suite, Apt. #, etc.

22 Suite 3-

City & State

23 Winter Park, FL

Zip

24 32789

25

USA

2a. Mailing Address

26 200 N. Denning Dr.

Suite, Apt. #, etc.

27 Suite 3

City & State

28 Winter Park, FL

Zip

29 32789

30

USA

3. Date Incorporated or Qualified

08/18/1965

4. FEI Number

59-6166263

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

GRIFFIN, ELSIE R  
911 PARK AVE N.  
WINTER PARK FL 32789

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  
**32789**

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 ☐ DELETE

NAME SD BOLAND, V. MARK

STREET ADDRESS 911 PARK AVE N.

CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME CD GRIFFIN, ELSIE R

STREET ADDRESS 911 PARK AVE NO

CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME D NELSON, CHARLES L.

STREET ADDRESS 18 MARINA ISLES BLV 303

CITY-ST-ZIP INDIAN HARBOR BCH. FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 32789

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP 32937

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*[Signature]* CHAIRMAN 1-29-99

Typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)