

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:30

DOCUMENT # 709491

(5)

1. Corporation Name

MARTIN ANDERSEN-GRACIA ANDERSEN FOUNDATION, INC.

Principal Place of Business

Mailing Address

1717 EDGEWATER DRIVE
P O BOX 547918
ORLANDO FL 32854
US

P.O. BOX 3938
ORLANDO FL 32802
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1965

3a. Date of Last Report

02/09/1994

4. FEI Number

59-6166589

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SUN BANK, NA
SUNBANK CENTER, 7TH FLOOR
200 SOUTH ORANGE AVENUE
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ANDERSEN, GRACIA B.
STREET ADDRESS	1717 EDGEWATER DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	HUBBARD, FRANK M.
STREET ADDRESS	7575 DR. PHILLIPS BLVD.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	VAN ROJEN, ROBERT D., JR
STREET ADDRESS	950 N. ORLANDO AVE
CITY - ST - ZIP	WINTER PARK FL
TITLE	D
NAME	TRISMEN, R.F.
STREET ADDRESS	213 WEST COMSTOCK AVENUE
CITY - ST - ZIP	WINTER PARK FL
TITLE	D
NAME	Terrence L. Dittmer
STREET ADDRESS	230 Lookout Place Bldg 230
CITY - ST - ZIP	Maitland, FL 32751
TITLE	
NAME	(New Member added 11-3-93)
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gracia B. Andersen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gracia B. Andersen, PD

February 3, 1995 (407) 841-8253