

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 709491 (5)**  
1. Corporation Name  
**MARTIN ANDERSEN-GRACIA ANDERSEN FOUNDATION, INC.**



Principal Place of Business  
**1717 EDGEWATER DRIVE  
P O BOX 547918  
ORLANDO FL 32854  
US**

Mailing Address  
**P.O. BOX 3838  
ORLANDO FL 32802  
US**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

3. Date Incorporated or Qualified  
**08/20/1965**

3a. Date of Last Report  
**02/09/1995**

4. FEI Number  
**59-6166589**

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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 SunTRUST BANK of CENTRAL FLA  
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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-listing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ANDERSEN, GRACIA B.			12 NAME	Marina C Nice		
STREET ADDRESS	1717 EDGEWATER DR.			13 STREET ADDRESS	1925 Englewood Place		
CITY-STATE-ZIP	ORLANDO FL			14 CITY-STATE-ZIP	Winter Park, Fla. 32789		
TITLE	VD	<input type="checkbox"/> DELETE		21 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUBBARD, FRANK M.			22 NAME	Hubbard Frank m		
STREET ADDRESS	7575 DR. PHILLIPS BLVD.			23 STREET ADDRESS	9100 Hubbard Place		
CITY-STATE-ZIP	ORLANDO FL			24 CITY-STATE-ZIP	Orlando, FL 32819		
TITLE	D	<input checked="" type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN ROIJEN, ROBERT D., JR			32 NAME			
STREET ADDRESS	950 N. ORLANDO AVE			33 STREET ADDRESS			
CITY-STATE-ZIP	WINTER PARK FL			34 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRISMEN, R.F.			42 NAME			
STREET ADDRESS	213 WEST COMSTOCK AVENUE			43 STREET ADDRESS			
CITY-STATE-ZIP	WINTER PARK FL			44 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		51 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DITTMER, TERRENCE L			52 NAME	DITTMER, TERRENCE H		
STREET ADDRESS	230 LOOKOUT PLACE BLDG 230			53 STREET ADDRESS	230 LOOKOUT PLACE BLDG 230		
CITY-STATE-ZIP	MAITLAND FL			54 CITY-STATE-ZIP	MAITLAND, FLA		
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-STATE-ZIP				64 CITY-STATE-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Gracia B. Andersen* **2/5/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)