NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 709491

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

BOX 3838 ANDO FL 32802

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90118 041 ****61.25



_ ·	ace of Business	2a. Mailing Address			Date Incorporated or Qualifed 08/20/1965	:	
21	4	Suite, Apt. #, etc.			4. FEI Number	App	lied For
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.			59-6166589	· -	Applicable
City & State		City & State				\$8.75 A	ditional
28					5. Certifcate of Status Desired	Fee Rec	uired
Zip	Country Zip Coul				6. Election Campaign Financing	\$5.00 N	May Be
24	25	29 30			Trust Fund Contribution Added to Fees		Fees
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	•
			81	Name			
SUNTRUST BANK OF CENTRAL FLORIDA				Street A	ddress (P.O. Box Number is Not Acceptable)	 	
7TH FLOOR				Jueer A	duless (F.O. Dox Humber is Hely acceptable)		
200 SOUTH ORANGE AVENUE			83				,
ORLANDO FL 32801						85 Zip C	
UNEAMOU PE 32001			84	City	Fi	85 Zip C	000
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	t and title if applicable. (NOTE: f	Registered Agen	t signature rec	quired when reinstating) DATE		 - \
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TÂLE	PD	☐ DELETE	1.1 TITLE	T		Change	Addition
NAME	ANDERSEN, GRACIA B.		1.2 NAME	ĺ			1
	1717 EDGEWATER DR.		1.3 STREET	ADDRESS	,	·	
STREET ADDRESS	ORLANDO FL	== ··=···					
CITY-ST-ZIP	VPD	☐ DELETE	1.4 CITY-ST	-2.1		Change	Addition
TITLE	HUBBARD, FRANK M.	<u></u>	2.2 NAME]			· . 1
NAME	9100 HUBBARD PLACE			ADDRESS			
STREET ADDRESS			2.4 CITY-S		 .		
CITY-ST-ZIP	ORLANDO FL DB :	☐ DELETE	3.1 TITLE		В	Change	Addition
TITLE	PITTMAN, NICE MARINA C	<u> </u>	3.2 NAME	1.	<u> </u>		:
NAME			3.3 STREET		PITTMAN, NICE MARINA C.		
STREET ADDRESS	1925 ENGLEWOOD PLACE		Į.		1925 Englewood Place	•	
CITY-ST-ZIP	WINTER PARK FL	☐ DELETE	3.4. CITY-S	1-4IP	Winter Park, Fla.	. Change	Addition
TITLE	DS TOICHEN DE		4.1 INLE				-
NAME	TRISMEN, R.F.	=		ADDDESC		•	
STREET ADDRESS	213 WEST COMSTOCK AVENUE	E	4.3 STREET			*	
CITY-ST-ZIP	WINTER PARK FL	☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP		Change	Addition
TITLE	B CHECOD		5.2 NAME				-
NAME	HAMES, CLIFFORD		5.3 STREET	LADDBESS			
STREET ADDRESS	780 WILLIAMS DRIVE		5.3 STREE 5.4 CITY-S	1		, 4	, .
CITY-ST-ZIP	WINTER PARK FL 32789	☐ DELETE	6.1 TITLE	1-211		Change	Addition
TITLE			6.2 NAME	Į			
NAME							
STREET ADDRESS			6.3 STREE	1			
CITY-ST-ZIP			6.4 CITY-S		in Section 119 07/3\(\)(i) Florida Statutes, I further co	wife, that the in	famation

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 informatic 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

KONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-99 407-841-825 Daytime Phone #