

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90054 005 ****61.25

DOCUMENT # 709491

1. Entity Name
**MARTIN ANDERSEN-GRACIA ANDERSEN FOUNDATION,
INC.**



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

Mailing Address
**P.O. BOX 547918
ORLANDO, FL 32854 US**

50004996



01182005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6166589

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRISMEN, RICHARD E.
213 WEST COMSTOCK AVENUE
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WARLOW III, THOMAS P
STREET ADDRESS PO BOX 547918
CITY-ST-ZIP ORLANDO, FL 32854

TITLE DS ☐ Delete
NAME TRISMEN, RICHARD F
STREET ADDRESS 213 WEST COMSTOCK AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE TD ☐ Delete
NAME PITTMAN, MARINA NICE
STREET ADDRESS 1920 ENGLEWOOD ROAD
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VD ☐ Delete
NAME BARR JR, L GRAHAM
STREET ADDRESS 1819 BEACON STREET
CITY-ST-ZIP NEW SMYRNA BEACH, FL

TITLE D ☐ Delete
NAME WARLOW, T P IV
STREET ADDRESS P.O. BOX 547918
CITY-ST-ZIP ORLANDO, FL 32854

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME ^{TD} Nice, Marina
STREET ADDRESS 1920 Englewood Road -
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas P. Warlow III 1/18/05 407-841-8253

President