2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # 709491 1. Entity Name MARTIN ANDERSEN-GRACIA ANDERSEN FOUNDATION, INC.							01-17-20	06 90272 04	10 ****61	.25
Principal Place of Business Mailing Address 1717 EDGEWATER DRIVE P.O. BOX 547918 P O BOX 547918 ORLANDO, FL 32854 US							T PROTECTION OF THE TRANSPORTED AND A STATE OF	1181 1181 318 11 81811 87	ole eleti albu ela	TALBI BI ITAL
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042006 Chg-NP	CR2E0	37 (11/05)	
City & State			City & State				4. FEI Number 59-6166589		1 - 1 -	pplied For of Applicable
Zip	Country		Zip	Coul	ntry	5. Certificate of Status Desired				
	6. Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent Name					
TRISMEN, RICHARD E. 213 WEST COMSTOCK AVENUE WINTER PARK, FL 32789					Street Address (P.O. Box Number is Not Acceptable)					
					City	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.										
and dougland of regions of agont.										
SIGNATURE										
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.							\$5.00 May Be Added to Fees	Make chec Florida Depar	k payable to	
10.		OFFICERS AND DIR	ECTORS	11.			DDITIONS/CHANGES TO OF	FICERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	РО ВОХ	/ III, THOMAS P 547918 O, FL 32854	☐ Defete			_			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	213 WES	I, RICHARD F T COMSTOCK AVENUE PARK, FL 32789	☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	RINA SLEWOOD ROAD PARK, FL 32789	☐ Delete	3	T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1819 BEA	, L GRAHAM ,CON STREET YRNA BEACH, FL	☐ Delete		T ADDRESS ST-ZIP	BAR 181 NEU	R. L. GRAHAM 9 BEACON ST STOYENA BEA	ICH FL	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARLOW P.O. BOX ORLANDO	•	☐ Delete		T ADDRESS ST-ZIP	P.O P.O	P. L. GRAHAM 9 BEALON ST SMYRNA BEA PLOW, TP TU BAYS4791B ANDO, FL 32	854 (v	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Delete		ŀ				☐ Change	Addition
12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier in the corporation or the received or instead of the corporation or the received or instead or inst										