

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709491

FILED
Jan 03, 2007
Secretary of State

Entity Name: MARTIN ANDERSEN-GRACIA ANDERSEN FOUNDATION, INC.

Current Principal Place of Business:

1717 EDGEWATER DRIVE
P O BOX 547918
ORLANDO FLA, 32854 US

New Principal Place of Business:

1717 EDGEWATER DRIVE
ORLANDO, FL 32804 US

Current Mailing Address:

P.O. BOX 547918
ORLANDO, FL 32854 US

New Mailing Address:

FEI Number: 59-6166589 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TRISMEN, RICHARD F
213 WEST COMSTOCK AVENUE
WINTER PARK, FL 32789 US

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.

SIGNATURE: RICHARD F. TRISMEN

01/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARLOW III, THOMAS P
Address: PO BOX 547918
City-St-Zip: ORLANDO, FL 32854

Title: DS () Delete
Name: TRISMEN, RICHARD F
Address: 213 WEST COMSTOCK AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: NICE, MARINA
Address: 1920 ENGLEWOOD ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: O () Delete
Name: BARR, GRAHAM L
Address: 1819 BEACON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD () Delete
Name: WARLOW, T P IV
Address: PO BOX 547918
City-St-Zip: ORLANDO, FL 32854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BARR, GRAHAM L
Address: 1819 BEACON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P. WARLOW, III

PRES

01/03/2007

Electronic Signature of Signing Officer or Director

Date