
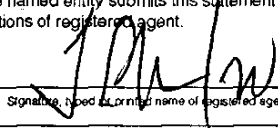
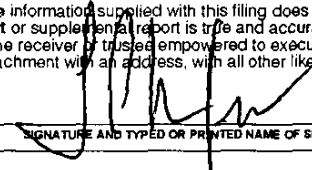


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90056 039 ****61.25

DOCUMENT # 709491 1. Entity Name MARTIN ANDERSEN-GRACIA ANDERSEN FOUNDATION, INC.					
Principal Place of Business 1717 EDGEWATER DRIVE ORLANDO, FL 32804 US			Mailing Address P.O. BOX 547918 ORLANDO, FL 32854 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6166589	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRISMEN, RICHARD F 213 WEST COMSTOCK AVENUE WINTER PARK, FL 32789			Name Thomas P. Warlow, III Street Address (P.O. Box Number is Not Acceptable) 1717 Edgewater Drive City Orlando		
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.			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 4/9/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARLOW III, THOMAS P		NAME		
STREET ADDRESS	PO BOX 547918		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32854		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRISMEN, RICHARD F		NAME		
STREET ADDRESS	213 WEST COMSTOCK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICE, MARINA		NAME		
STREET ADDRESS	1920 ENGLEWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARR, GRAHAM L		NAME		
STREET ADDRESS	1819 BEACON STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARLOW, T P IV		NAME		
STREET ADDRESS	PO BOX 547918		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32854		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-9-08 <small>Date</small>		