

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709491

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1717 EDGEWATER DRIVE  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 547918  
ORLANDO, FL 32854 US

**New Mailing Address:**

P.O. BOX 547918  
ORLANDO, FL 32854-791 US

**FEI Number:** 59-6166589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARLOW, THOMAS P III  
1717 EDGEWATER DRIVE  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WARLOW, THOMAS P III  
Address: 1717 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

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

Title: SD  
Name: FUQUA, JEFFRY B  
Address: 401 FERGUSON DRIVE  
City-St-Zip: ORLANDO, FL 32805

Title: VD  
Name: WARLOW, THOMAS P IV  
Address: 1717 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D  
Name: WHITE, ROBERT B JR  
Address: 558 W NEW ENGLAND AVENUE  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: THOMAS P. WARLOW, III

PRES

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date