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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 714180 (7)

1. Corporation Name

GEORGE B. CARTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

5955 T.G. LEE BLVD. STE 500  
ORLANDO FL 32822  
US

PO BOX 628600  
ORLANDO FL 32862-8600  
US



3. Date Incorporated or Qualified

03/01/1968

3a. Date of Last Report

05/01/1995

4. FEI Number

59-6216204

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOX, R. JAMES  
5955 T.G. LEE BLVD., SUITE 500  
ORLANDO FL 32862

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE

NAME COLLINS, J. ERNEST

STREET ADDRESS 231 E 4TH STREET

CITY - ST - ZIP PANAMA CITY FL

TITLE D ☐ DELETE

NAME DUNLAP, GEORGE T., III

STREET ADDRESS 205 E MAIN STREET

CITY - ST - ZIP BARTOW FL

TITLE TD ☐ DELETE

NAME ADAMS, DANIEL L.

STREET ADDRESS 100 NE 3RD AVE

CITY - ST - ZIP FT LAUDERDALE FL

TITLE S ☐ DELETE

NAME HAMMOND, MICHAEL, R

STREET ADDRESS 1911 LAKESIDE DRIVE

CITY - ST - ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME JONES, JIMMY R.

STREET ADDRESS 3417 GRANT BLVD

CITY - ST - ZIP ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jimmy R. Jones

1-23-96

407-240-3863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)