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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

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

Mailing Address

PO BOX 628600
ORLANDO FL 32862-8600
US3. Date Incorporated or Qualified
03/01/19683a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-6216204

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

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

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, J. ERNEST	
STREET ADDRESS	231 E 4TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNLAP, GEORGE T., III	
STREET ADDRESS	205 E MAIN STREET	
CITY-ST-ZIP	BARTOW FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, DANIEL L.	
STREET ADDRESS	100 NE 3RD AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAMMOND, MICHAEL, R	
STREET ADDRESS	1911 LAKESIDE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, JIMMY R.	
STREET ADDRESS	3417 GRANT BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Robert S. Trinkle		
1.3 STREET ADDRESS	121 Collins Street		
1.4 CITY-ST-ZIP	Plant City, FL		
2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Julius J. Zschau		
2.3 STREET ADDRESS	28050 U. S. Highway 19, North		
2.4 CITY-ST-ZIP	Clearwater, FL		
3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Peter J. Gravina		
3.3 STREET ADDRESS	1833 Hendry Street		
3.4 CITY-ST-ZIP	Ft. Myers, FL		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Jimmy R. Jones 1/24/97 407-240-3863
 Date Daytime Phone # 0018198

CR2E037 (9/96)