


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 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 5955 T. G. Lee Blvd., Ste 500 Orlando, FL 32822 USA	Mailing Address P.O. Box 628600 Orlando, FL 32862-8600 USA
---	--

3. Date Incorporated or Qualified
03/01/68

4. FEI Number 59-6216204	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business 6545 Corporate Centre Blvd	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Orlando, FL	City & State
Zip 32822	Country USA

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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) 6545 Corporate Centre Blvd.
83 City	84 Zip Code FL 32822

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	<input type="checkbox"/> DELETE
NAME	DC
STREET ADDRESS	Robert S. Trinkle
CITY-ST-ZIP	121 Collins Street Plant City, FL
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	Julius J. Zschau
CITY-ST-ZIP	28050 U. S. Highway 19, North Clearwater, FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD
STREET ADDRESS	Peter J. Gravina
CITY-ST-ZIP	1833 Hendry Street Ft. Myers, FL
TITLE	<input type="checkbox"/> DELETE
NAME	S
STREET ADDRESS	Michael R. Hammond
CITY-ST-ZIP	1911 Lakeside Drive Orlando, FL
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	Jimmy R. Jones
CITY-ST-ZIP	3417 Grant Blvd. 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

40000245400
-03/11/98--01008--032
***61.25

14. I 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Hammond

2/26/98

Date

407-240-3863

Daytime Phone #

CR2E037 (10/97)