


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 714180 1. Entity Name GEORGE B. CARTER FOUNDATION, INC.	
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Principal Place of Business 6545 CORPORATE CENTRE BLVD. ORLANDO, FL 32822 US	Mailing Address PO BOX 628600 ORLANDO, FL 32862-8600 US
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6216204	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOX, R. JAMES
6545 CORPORATE CENTRE BLVD.
ORLANDO, FL 32822

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000000031857 02/04/04-20158-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZSCHAU, JULIUS J 911 CHESTNUT STREET CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMMOND, MICHAEL, R 1911 LAKESIDE DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JIMMY R. 3417 GRANT BLVD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAVINA, PETER J 1833 HENDRY ST FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael R. Hammond	JAN. 28, 2004 Date	(407) 240-3863 Daytime Phone #
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