


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90021 043 ****61.25

DOCUMENT # 714180 1. Entity Name GEORGE B. CARTER FOUNDATION, INC.					
Principal Place of Business 6545 CORPORATE CENTRE BLVD. ORLANDO, FL 32822 US			Mailing Address PO BOX 628600 ORLANDO, FL 32862-8600 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONNER, W T 6545 CORPORATE CENTRE BLVD. ORLANDO, FL 32822				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZSCHAU, JULIUS J 911 CHESTNUT STREET CLEARWATER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6545 CORPORATE CENTRE Blvd. Orlando, FL 32822		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMMOND, MICHAEL, R 1911 LAKESIDE DRIVE ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6545 CORPORATE CENTRE Blvd. Orlando, FL 32822		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JIMMY R. 3417 GRANT BLVD ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6545 CORPORATE CENTRE Blvd. Orlando, FL 32822		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAVINA, PETER J 1833 HENDRY ST FT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6545 CORPORATE CENTRE Blvd. Orlando, FL 32822		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Michael R. Hammond</u> 1/13/05 407-240-3863 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Michael R. Hammond					

40005540



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6216204 Applied For
Not Applicable

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