

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 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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01132006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent

CONNER, W T
6545 CORPORATE CENTRE BLVD.
ORLANDO, FL 32822

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZSCHAU, JULIUS J 6545 CORPORATE CENTRE BLVD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMMOND, MICHAEL, R 6545 CORPORATE CENTRE BLVD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JIMMY R. 6545 CORPORATE CENTRE BLVD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAVINA, PETER J 6545 CORPORATE CENTRE BLVD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000414472
 02/11/06-80039-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael R. Hammond FEB. 6, 2006 401-240-3863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael R. Hammond