


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

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



01182007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>CONNER, W T 6545 CORPORATE CENTRE BLVD. ORLANDO, FL 32822</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

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IN THIS SPACE**

U00000615556  
02/06/07-80076-002 61.25

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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Michael R. Hammond</b>	Date <b>Jan. 18, 2007</b>	Daytime Phone #
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