

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 715769

1. Entity Name  
THE W. LEROY AND ELIZABETH TRAYLOR  
FOUNDATION, INC.



Principal Place of Business  
1911 TRAYLOR BLVD  
ORLANDO, FL 32804

Mailing Address  
P.O. BOX 547937  
ORLANDO, FL 32854-7937

FILED  
08 SEP 26 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09252008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
23-7001931

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMER, WILLIAM E  
6233 WEST ROBINSON STREET  
ORLANDO, FL 32835

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 P  
NAME COMER, WILLIAM E ☐ Delete  
STREET ADDRESS 6233 WEST ROBINSON STREET  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800136521208  
CITY-ST-ZIP 10/01/08--01024--021 \*\*70.00

TITLE VP  
NAME TRAYLOR, WILLIAM L JR. ☐ Delete  
STREET ADDRESS 150 CHELTON CIRCLE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME HALE, FRANCES I ☐ Delete  
STREET ADDRESS 16004 SUNFLOWER TRAIL  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME SKELTON, LARRY R ☒ Delete  
STREET ADDRESS 305 FISHER DRIVE  
CITY-ST-ZIP DELTONA, FL 32727

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

William E. Comer William E. Comer

8-26-08

(407) 295-2145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #