FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB -9 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719107 (5)

1. Corporation Name
THE ENDOWMENT FUND CORPORATION, INC.

Principal Place of Business	Mailing Address
1017 E. ROBINSON ST. ORLANDO FL 32801	1017 E. ROBINSON ST. ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1970
3a. Date of Last Report: 07/05/1994
4. FEI Number: 59-6168979 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BERLINSKY, KATHY J. — D~~
1017 EAST ROBINSON
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: THE REV. CANON ERNEST L. BENNETT
82 Street Address (P.O. Box Number Is Not Acceptable): same
83
84 City: same FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ernest L Bennett — 2-2-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOWE, JOHN W.	1.2 NAME	
STREET ADDRESS	5583 JESSAMINE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	~~VD~~	2.1 TITLE	D ☑ Change ☐ Addition
NAME	~~WAGNER, ROBERT L.~~	2.2 NAME	BAUDER, BRUCE
STREET ADDRESS	~~100 OAKLEIGH DRIVE~~	2.3 STREET ADDRESS	801 E. PINE STREET, SUITE 550
CITY-ST-ZIP	~~MAITLAND FL~~	2.4 CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BATES, THOMAS	3.2 NAME	200001 40932 T2
STREET ADDRESS	1925 MIZELL AVE.	3.3 STREET ADDRESS	-02/10/95--01061--011
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	*****61.25 ☐ Change ☐ Addition
TITLE	SD	4.1 TITLE	
NAME	WOOTEN, COUNCIL JR	4.2 NAME	
STREET ADDRESS	236 SOUTH LUCERINE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	COLADO, GUY	5.2 NAME	
STREET ADDRESS	1201 S. ORANGE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	KC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W Howe — 1-18-95 — 407/423-3567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THE RT. REV. JOHN W. HOWE, PRESIDENT

0003040