

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720055

FILED
Apr 13, 2004
Secretary of State**Entity Name:** BISHOP GRAY INNS, INC.**Current Principal Place of Business:**4445 PINE FOREST DRIVE
LAKE WORTH, FL 334634676 US**New Principal Place of Business:**SUITE 800, FIRSTSTATE TOWER
255 SOUTH ORANGE AVENUE
ORLANDO, FL 32801 US**Current Mailing Address:**4445 PINE FOREST DRIVE
LAKE WORTH, FL 334634676 US**New Mailing Address:**SUITE 800, FIRSTSTATE TOWER
255 SOUTH ORANGE AVENUE
ORLANDO, FL 32801 US**FEI Number:** 59-0696299**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MACKINNON, ALEXANDER C.
SUITE 800, FIRSTSTATE TOWER
255 SOUTH ORANGE AVENUE
ORLANDO, FL 32801**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PT () Delete
Name: HOWE, JOHN W RT REV
Address: 1017 E ROBINSON ST
City-St-Zip: ORLANDO, FL 32801**Title:** VP () Delete
Name: LIPSCOMB, JOHN RT REV
Address: P. O. BOX 763
City-St-Zip: ELLENTON, FL 34222**Title:** ST () Delete
Name: MACKINNON, ALEXANDER C MR
Address: 255 SO ORANGE AVE, STE 800
City-St-Zip: ORLANDO, FL 32801**Title:** AS () Delete
Name: ALDRIDGE, GLENDA L MS
Address: 206 W. ORANGE ST
City-St-Zip: DAVENPORT, FL 33837**Title:** TT () Delete
Name: COLADO, GUY
Address: 121 W. KINGS WAY
City-St-Zip: WINTER PARK, FL 32789**Title:** D () Delete
Name: FRADE, LEO RT REV
Address: 525 NE 15TH STREET
City-St-Zip: MIAMI, FL 33132**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** AS (X) Change () Addition
Name: MOORE, LYNDA MS
Address: 206 W. ORANGE ST
City-St-Zip: DAVENPORT, FL 33837**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER MACKINNON

ST

04/13/2004

Electronic Signature of Signing Officer or Director

Date