

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90046 022 \*\*\*\*61.25

**DOCUMENT # 722307**

1. Entity Name  
**THE DR. P. PHILLIPS FOUNDATION**



Principal Place of Business  
**60 W ROBINSON STREET  
P O BOX 3753  
ORLANDO, FL 32802-3753**

Mailing Address  
**60 W ROBINSON STREET  
P O BOX 3753  
ORLANDO, FL 32802-3753**

**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-6135403**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HINSON, J.A.  
60 W. ROBINSON STREET  
ORLANDO, FL 32801**

**DO NOT WRITE  
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

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 May 1, 2004**

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  
**PDC  
HINSON, J.A.  
60 W ROBINSON ST  
ORLANDO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASTD  
BURNETT, H.L.  
60 W ROBINSON ST  
ORLANDO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FLETCHER, RICHARD L JR.  
60 W. ROBINSON ST.  
ORLANDO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD  
FUREY III, E F  
60 W ROBINSON ST  
ORLANDO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUBBARD, L E  
60 W. ROBINSON STREET  
ORLANDO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROSS, THOMAS T  
60 W. ROBINSON STREET  
ORLANDO, FL**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Ed. F. Furey, III Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/12/04 407-422-6105**