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Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 726777 (6)  
1. Corporation Name  
EDYTH BUSH CHARITABLE FOUNDATION, INC.



Principal Place of Business Mailing Address  
199 E. WELBOURNE AV. P.O. BOX 1967 WINTER PARK FL 32790-1967  
199 E. WELBOURNE AV. P.O. BOX 1967 WINTER PARK FL 32790-1967

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

3. Date Incorporated or Qualified 06/22/1973 3a. Date of Last Report 02/19/1996  
4. FLI Number 23-7318041 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
ODAHOWSKI, DAVID A  
199 E WELBOURNE AVE  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title of applicant

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BELLOFF, MARY. GRETCHEN	
STREET ADDRESS	6533 EAST JEFFERSON, # 404	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLM, HERBERT W	
STREET ADDRESS	1269 SERENA DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ODAHOWSKI, DAVID A	
STREET ADDRESS	345 PRAIRIE DUNE WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOODARD, MILTON P.	
STREET ADDRESS	6930 FAIRWAY RD	
CITY-ST-ZIP	LA JOLLA CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLADAO, GUY D	
STREET ADDRESS	1936 FAWSETT ROAD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEE, H. CLIFFORD	
STREET ADDRESS	700 MELROSE DR., APT A24	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FREDERICK M. BELLOFF	
1.3 STREET ADDRESS	6533 EAST JEFFERSON, #404	
1.4 CITY-ST-ZIP	DETROIT, MI	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HILBRICH, GERALD F.	
2.3 STREET ADDRESS	107 AMBERWOOD CT	
2.4 CITY-ST-ZIP	LONGWOOD, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WAGGONER, ROBERT E.	
3.3 STREET ADDRESS	110 SPRING VALLEY LOOP	
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (9/96)