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FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726777 (6)
1. Corporation Name
EDYTH BUSH CHARITABLE FOUNDATION, INC.



Principal Place of Business 199 E. WELBOURNE AV. P.O. BOX 1967 WINTER PARK FL 32790-1967	Mailing Address 199 E. WELBOURNE AV. P.O. BOX 1967 WINTER PARK FL 32790-1967
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3. Date Incorporated or Qualified 06/22/1973
4. FEI Number 23-7318041
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 reinstating) DATE _____

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	PO	<input type="checkbox"/> DELETE
NAME	ODAHOWSKI, DAVID A	
STREET ADDRESS	345 PRAIRIE DUNE WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELLOFF, FREDERICK M	
STREET ADDRESS	6533 E JEFFERSON #404	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILLBRICH, GERALD F	
STREET ADDRESS	107 AMBERWOOD CT	
CITY-ST-ZIP	LONGWOOD CT	
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	Lord, John S.	
1.3 STREET ADDRESS	1672 Joeline Ct.	
1.4 CITY-ST-ZIP	Winter Park, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Roberts, David R.	
2.3 STREET ADDRESS	401 Interlachen Drive	
2.4 CITY-ST-ZIP	Winter Park, 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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hessler, Deborah J.	
4.3 STREET ADDRESS	5434 Brownell Street	
4.4 CITY-ST-ZIP	Orlando, FL	
5.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cross, Michael R.	
5.3 STREET ADDRESS	1317 N. New York Ave.	
5.4 CITY-ST-ZIP	Winter Park, FL	
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 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: _____

1/21/78

CR2E037 (10/97)