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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 726777

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/22/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
23-7318041

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ODAHOWSKI, DAVID A
199 E WELBOURNE AVE
WINTER PARK FL 32789

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

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 DELETE
 NAME **VCD BELLOFF, MARY. GRETCHEN**
 STREET ADDRESS **6533 EAST JEFFERSON, #404**
 CITY-ST-ZIP **DETROIT MI 4234 Avery St.**

1.1 TITLE Change Addition
 D Lord, John S.
 1.2 NAME
 1.3 STREET ADDRESS 1672 Joeline Court
 1.4 CITY-ST-ZIP Orlando, FL

TITLE DELETE
 NAME **D HOLM, HERBERT W**
 STREET ADDRESS **1269 SERENA DR**
 CITY-ST-ZIP **WINTER PARK FL**

2.1 TITLE Change Addition
 D Waggoner, Robert E.
 2.2 NAME
 2.3 STREET ADDRESS 110 Spring Valley Loop
 2.4 CITY-ST-ZIP Altamonte Springs, FL

TITLE DELETE
 NAME **PD ODAHOWSKI, DAVID A**
 STREET ADDRESS **345 PRAIRIE DUNE WAY**
 CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE Change Addition
 Treas.
 3.2 NAME Cross, Michael R.
 3.3 STREET ADDRESS 1317 N. New York Ave.
 3.4 CITY-ST-ZIP Winter Park, FL

TITLE DELETE
 NAME **D BELLOFF, FREDERICK M**
 STREET ADDRESS **6533 E JEFFERSON, #404**
 CITY-ST-ZIP **DETROIT MI 4234 Avery St.**

4.1 TITLE Change Addition
 Sec.
 4.2 NAME Hessler, Deborah J.
 4.3 STREET ADDRESS 5434 Brownell St.
 4.4 CITY-ST-ZIP Orlando, FL

TITLE DELETE
 NAME **D HILLBRICH, GERALD F**
 STREET ADDRESS **107 AMBERWOOD CT**
 CITY-ST-ZIP **LONGWOOD CT**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **CD LEE, H. CLIFFORD**
 STREET ADDRESS **700 MELROSE DR., APT A24**
 CITY-ST-ZIP **WINTER PARK FL**

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

Date

407-647-4322

Daytime Phone #

CR2E037 (11/98)