
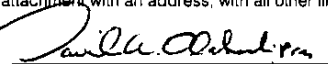


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90128 031 ****61.25

DOCUMENT # 726777					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7318041	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ODAHOWSKI, DAVID A 199 E WELBOURNE AVE WINTER PARK, FL 32789			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELLOFF, MARY. GRETCHEN		NAME	Certo, Matthew W.	
STREET ADDRESS	4234 AVERY ST		STREET ADDRESS	949 Hanley Alley	
CITY-ST-ZIP	DETROIT, MI		CITY-ST-ZIP	Orlando, FL 32814	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLM, HERBERT W		NAME	Lord, John S.	
STREET ADDRESS	1269 SERENA DR		STREET ADDRESS	1672 Joeline Court	
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODAHOWSKI, DAVID A		NAME	Ruffier, Joan D.	
STREET ADDRESS	345 PRAIRIE DUNE WAY		STREET ADDRESS	722 Alba Drive	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILBIRCH, GERALD F		NAME	Hilbrich, Gerald F.	
STREET ADDRESS	107 AMBERWOOD CT.		STREET ADDRESS	4601 S. Atlantic Ave., Unit #108	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGGONER, ROBERT E		NAME		
STREET ADDRESS	110 SPRING VALLEY LOOP		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, H. CLIFFORD		NAME		
STREET ADDRESS	700 MELROSE DR., APT A24		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP		
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: 		David Odahowski, Pres.		3/26/05 (407) 647-4322	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

50029870



03022005 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7318041 Applied For Not Applicable

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

FL Zip Code

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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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 type="checkbox"/> Delete
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STREET ADDRESS	700 MELROSE DR., APT A24	
CITY-ST-ZIP	WINTER PARK, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Certo, Matthew W.	
STREET ADDRESS	949 Hanley Alley	
CITY-ST-ZIP	Orlando, FL 32814	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lord, John S.	
STREET ADDRESS	1672 Joeline Court	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruffier, Joan D.	
STREET ADDRESS	722 Alba Drive	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilbrich, Gerald F.	
STREET ADDRESS	4601 S. Atlantic Ave., Unit #108	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:  David Odahowski, Pres. 3/26/05 (407) 647-4322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #