

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90387 019 ****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

Zip

Country

Zip

Country

03072006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7318041

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCD
BELLOFF, MARY-GRETCHEN
4234 AVERY ST
DETROIT, MI** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Lord, John S.
1672 Joeline Ct.
Winter Park, FL 32789** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Ruffier, Joan D.
722 Alba Drive
Orlando, FL 32804** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HILBRICH, GERALD F
107 AMBERWOOD CT.
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Hilbrich, Gerald F.
1353 Fern Ave.
Orlando, FL 32814** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CERTO, MATTHEW W
949 HANLEY ALLEY
ORLANDO, FL 32814** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 A. Odahowski* **David A. Odahowski** **3/15/06** **(407) 647-4322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #