


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	4. FEI Number 23-7318041	
				Applied For Not Applicable	
				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 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 _____ (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. <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	Lord, John S.	
STREET ADDRESS	4234 AVERY ST		STREET ADDRESS	1672 Joeline Ct.	
CITY-ST-ZIP	DETROIT, MI		CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLM, HERBERT W		NAME	Ruffier, Joan D.	
STREET ADDRESS	1269 SERENA DR		STREET ADDRESS	722 Alba Drive	
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP	Orlando, FL 32804	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODAHOWSKI, DAVID A		NAME		
STREET ADDRESS	345 PRAIRIE DUNE WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILBRICH, GERALD F		NAME	Hilbrich, Gerald F.	
STREET ADDRESS	107 AMBERWOOD CT.		STREET ADDRESS	1353 Fern Ave.	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	Orlando, FL 32814	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERTO, MATTHEW W		NAME		
STREET ADDRESS	949 HANLEY ALLEY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32814		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 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: <i>David A. Odahowski</i>		David A. Odahowski		3/15/06 (407) 647-4322	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

