


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90090 021 \*\*\*\*61.25

<b>DOCUMENT # 726777</b>					
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 - No P.O. Box #		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		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
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	Walsh, Richard J.	
STREET ADDRESS	4234 AVERY ST		STREET ADDRESS	2305 Edgewater Dr. #1615	
CITY-ST-ZIP	DETROIT, MI		CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLM, HERBERT W		NAME		
STREET ADDRESS	1269 SERENA DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP		
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	CD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILBIRCH, GERALD F		NAME	Hilbrich, Gerald F.	
STREET ADDRESS	1353 FERN AVE		STREET ADDRESS	1353 Fern Ave.	
CITY-ST-ZIP	ORLANDO, FL 32814		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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, JOHN S		NAME		
STREET ADDRESS	1083 MCKEAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		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: <u>David A. Odahowski</u> David A. Odahowski, President 4/24/08 407/647-4322					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					