

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0013014

04-28-2003 90506 046 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

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

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

TITLE	VCD	<input type="checkbox"/> Delete
NAME	BELLOFF, MARY. GRETCHEN	
STREET ADDRESS	4234 AVERY ST	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLM, HERBERT W	
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 checked="" type="checkbox"/> Delete
NAME	BELLOFF, FREDERICK M	
STREET ADDRESS	4234 AVER ST	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORD, JOHN	
STREET ADDRESS	1672 JOELINE COURT	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LEE, H. CLIFFORD	
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	Hilbrich, Gerald F.	
STREET ADDRESS	107 Amberwood Court	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Waggoner, Robert E.	
STREET ADDRESS	110 Spring Valley Loop	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 A. Odahowski* David A. Odahowski, President 4/22/03 (407) 647-4322

CR2E037 (10/02)