
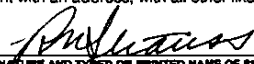


FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90075 006 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 735509		
1. Entity Name CHARLES HOSMER MORSE FOUNDATION, INC.		
Principal Place of Business 445 N PARK AVE WINTER PARK, FL 32789 US		Mailing Address PO BOX 40 WINTER PARK, FL 32790 US
DO NOT WRITE IN THIS SPACE		
(735509=====N)		
01172006 No Chg-NP CR2E037 (11/05)		
4. FEI Number 59-1659392		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		
WARD, HAROLD A. 250 SOUTH PARK AVENUE WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE
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 re-instating) DATE</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODMAN, VICTOR E 930 VENTURA AVENUE ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, HAROLD A III 250 PARK AVE SOUTH WINTER PARK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFT STRAUSS, RICHARD M. 1233 SECRETARIET PLACE CHULUOTA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERKEN, ANN 1166 CARMEL CIR #320 CASSELBERRY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRISMEN, LEILA E 400 NORTH NEW YORK AVENUE SUITE 200 WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS 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: 		1/18/2006 407-644-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #
Richard M. Strauss Vice President of Finance/Treasurer		