


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 758282 1. Entity Name THE MATTHIAS FOUNDATION, INC.	
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Principal Place of Business C/O ROBERT C. MATTHIAS 501 N. MAGNOLIA AVE., SUITE A ORLANDO, FL 32801	Mailing Address PO BOX 431 ORLANDO, FL 32802-0431 US
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2133556	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MATTHIAS, ROBERT C.
501 N. MAGNOLIA AVE., SUITE A
ORLANDO, FL 32801**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

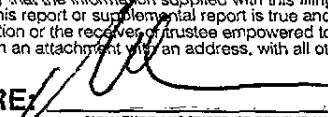
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT MATTHIAS, BARBARA M 501 N MAGNOLIA AVE STE A ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCCANIN, JENNIFER M 501 N MAGNOLE AVE STE A ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD MATTHIAS, ROBERT C 501 N MAGNOLIA AVE STE A ORLANDO, FL 32801
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01/25/05-80101-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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  **ROBERT C. MATTHIAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/05 (407) 422-0076
Date Daytime Phone #