

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

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90049 010 ****61.25

DOCUMENT # F00000001274

1. Entity Name
ELIZABETH MORSE GENIUS FOUNDATION, INC.



Principal Place of Business
**PO BOX 40
WINTER PARK, FL 32790-0040**

Mailing Address
**PO BOX 40
WINTER PARK, FL 32790-0040**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
13-6115217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRAUSS, RICHARD M
400 NORTH NEW YORK AVE., STE 200
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD III, HAROLD A 250 SOUTH PARK AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODMAN, VICTOR E 250 SOUTH PARK AVE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERKEN, ANN H 445 NORTH PARK AVE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFT STRAUSS, RICHARD M 400 NORTH NEW YORK AVE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAFT, KATHLEEN H 400 N NEW YORK AVE STE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

Richard M. Strauss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2006 407-644-0555

Date

Daytime Phone #

**Richard M. Strauss
Vice President of Finance/Treasurer**