


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthart</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005509 (1)**

1. Corporation Name

**PHIL RITSON EDUCATION FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**ONE PHIL RISTON WAY  
P.O. BOX 690577  
ORLANDO FL 32869**

**ONE PHIL RISTON WAY  
P.O. BOX 690577  
ORLANDO FL 32869**

2. Principal Place of Business

2a. Mailing Address

21 **ONE PHIL RISTON WAY** 26 **P.O. BOX 690577**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Winter Garden FL** 28 **Orlando FL**

24 Zip **34787**

Country

29 Zip **32869-0577**

Country

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/17/1997**

4. FEI Number

**59-3465631**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

**PHILIP V RISTON**

82 Street Address (P.O. Box Number is Not Acceptable)

**ONE PHIL RISTON WAY**

83

84 City

**Winter Garden FL**

85 Zip Code

**34787**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CO**  
STREET ADDRESS **RITSON, PHIL**  
CITY-ST-ZIP **ONE PHIL RISTON WAY**  
**ORLANDO FL 32869**

TITLE ☐ DELETE

NAME **DVS**  
STREET ADDRESS **DORSEY, TOM DR.**  
CITY-ST-ZIP **708 W. JACKSON ST.**  
**ORLANDO FL 32805**

TITLE ☐ DELETE

NAME **DPT**  
STREET ADDRESS **CLARK, LINDA PARKER**  
CITY-ST-ZIP **ONE PHIL RISTON WAY**  
**ORLANDO FL 32869**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **CP**  
1.3 STREET ADDRESS **One Phil Riston Way**  
1.4 CITY-ST-ZIP **Winter Garden FL 34787**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS **One Phil Riston Way**  
3.4 CITY-ST-ZIP **Winter Garden FL 34787**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

**4-12-98**

CR2E037 (1097)