

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90372 027 \*\*\*\*70.00

**DOCUMENT # N00000000884**

1. Entity Name

**MONTSHO FOUNDATION INC.**

Principal Place of Business

Mailing Address

**2009 WEST CENTRAL BLVD.  
 ORLANDO FL 32805**

**2009 WEST CENTRAL BLVD.  
 ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3623181**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERKINS, MELVA J  
 2009 WEST CENTRAL BLVD.  
 ORLANDO FL 32805**

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.

SIGNATURE

Signature, typed or printed, 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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD PERKINS, ANDREA**  
 STREET ADDRESS **3820 BRANTLEY PLACE CIRCLE**  
 CITY-ST-ZIP **APOPKA FL 32763**

TITLE ☐ Change ☐ Addition  
 NAME **Tonya Askew D**  
 STREET ADDRESS **2486 Castlewood Rd.**  
 CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Delete  
 NAME **SD HILL, ANN**  
 STREET ADDRESS **2044 WEST GORE ST.**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ Addition  
 NAME **D Helen Avery**  
 STREET ADDRESS **3500 W. Colonial Dr.**  
 CITY-ST-ZIP **Orlando, FL 32808**

TITLE ☐ Delete  
 NAME **TD SMITH, ANN E**  
 STREET ADDRESS **7400 LAUREL HILL OAKS CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition  
 NAME **D Minnie Woodruff**  
 STREET ADDRESS **2787 Michigan Av.**  
 CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE ☐ Delete  
 NAME **PD PERKINS, MELVA J**  
 STREET ADDRESS **1507 JOHN YOUNG PARKWAY**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ Addition  
 NAME **D Marie Miller**  
 STREET ADDRESS **PO Box 10,000**  
 CITY-ST-ZIP **Lake Buena Vista, FL 32830**

TITLE ☐ Delete  
 NAME **D WOODBURY, BRENDA**  
 STREET ADDRESS **2705 MYAKKA DRIVE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D HAWKINS, KAYDETTE**  
 STREET ADDRESS **2215 WEST GORE STREET**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ 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:

**MELVA J. PERKINS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Melva J. Perkins**

**4/5/02 (407)649-8881**

Day

Daytime Phone #

CR2E037 (9/01)