

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90243 044 ****61.25

DOCUMENT # N00000000884

1. Entity Name

MONTSHO FOUNDATION INC.



Principal Place of Business

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

Mailing Address

**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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	POSD	<input type="checkbox"/> Delete
NAME	PERKINS, ANDREA	
STREET ADDRESS	3820 BRANTLEY PLACE CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	POSD	<input type="checkbox"/> Delete
NAME	HILL, ANN	
STREET ADDRESS	2044 WEST GORE ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ANN E	
STREET ADDRESS	7400 LADDER HILL OAKS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	Ex. Dir.	<input type="checkbox"/> Delete
NAME	PERKINS, MELVA J	
STREET ADDRESS	1507 JOHN YOUNG PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODBURY, BRENDA	
STREET ADDRESS	2705 MYAKKA DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, KAYDETTE	
STREET ADDRESS	2218 WEST GORE STREET	
CITY-ST-ZIP	ORLANDO FL 32805	

TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie Miller	
STREET ADDRESS	PO Box 10000	
CITY-ST-ZIP	Lake Buena Vista, FL 32830	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Byron Perkins	
STREET ADDRESS	305 W. South St. Parramore St	
CITY-ST-ZIP	Orlando FL 32805	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sally D. Richmond	
STREET ADDRESS	3753 Spear Point Drive	
CITY-ST-ZIP	Orlando FL 32837	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Clark	
TITLE	Helen Avery, Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3500 W. Colonial Drive	
STREET ADDRESS	Orlando, FL 32805	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Walker-Knight	
STREET ADDRESS	College of Education OCF	
CITY-ST-ZIP	PO Box 161250 32815-0120 Orlando, FL	

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 4/29/03 407 293-8033

CR2E037 (10/02)