

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000003767**

1. Entity Name  
**FRIENDS OF THE GARDEN TOMB, USA, INC.**



Principal Place of Business  
**7380 SAND LAKE RD, STE 100  
ORLANDO, FL 32819**

Mailing Address  
**7380 SAND LAKE RD, STE 100  
ORLANDO, FL 32819**



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**03-0446083**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**STRACK, JAY DR.  
7380 SAND LAKE RD, STE 100  
ORLANDO, FL 32819**

**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, 2005**

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

**UD00000183526  
01/19/05-80070-006 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	STRACK, JAY DR.
STREET ADDRESS	7380 SAND LAKE RD, STE 100
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	THOMAS, STAN
STREET ADDRESS	300 VILLAGE GREEN CIR, STE 200
CITY-ST-ZIP	SMYRNA, GA 30080
TITLE	D
NAME	THOMAS, CLAUDE DR.
STREET ADDRESS	3100 N. INDUSTRIAL
CITY-ST-ZIP	EULESS, TX 76039
TITLE	D
NAME	FERGUSON, DAVID
STREET ADDRESS	11615 ANGUS RD SUITE 203
CITY-ST-ZIP	AUSTIN, TX 78759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: Dr. Jay Strack  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-05  
Date

407-248-0300x16  
Daytime Phone #