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Jan 26, 2006 8:00 am
Secretary of State
01-26-2006 90046 036 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005915

1. Entity Name
1904 FOUNDATION, INC.

60006697

(N02000005915N)

Principal Place of Business	Mailing Address
400 N. NEW YORK AVE., STE. 200 WINTER PARK, FL 32789	400 N. NEW YORK AVE., STE. 200 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
06-1669947
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WARD, HAROLD A III
250 PARK AVE. SOUTH, 5TH FLOOR
WINTER PARK, FL 32789

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

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	PD
NAME	WARD, HAROLD A III
STREET ADDRESS	250 PARK AVE. SOUTH, 5TH FLOOR
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VD
NAME	WOODMAN, VICTOR E
STREET ADDRESS	250 PARK AVE. SOUTH, 5TH FLOOR
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	TD
NAME	STRAUSS, RICHARD M
STREET ADDRESS	400 N. NEW YORK AVE., STE. 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	S X DELETE
NAME	GERKEN, ANN H
STREET ADDRESS	400 N. NEW YORK AVE., STE. 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	CAROLAN, J.P. III
STREET ADDRESS	390 NORTH ORANGE AVE., #1500
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 1/17/2006 407-644-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard M. Strauss
Treasurer