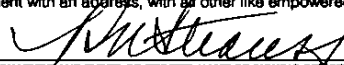


FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90046 036 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000005915		
1. Entity Name 1904 FOUNDATION, INC.		
Principal Place of Business 400 N. NEW YORK AVE., STE. 200 WINTER PARK, FL 32789		Mailing Address 400 N. NEW YORK AVE., STE. 200 WINTER PARK, FL 32789
DO NOT WRITE IN THIS SPACE		
60006697		
(N0200000591 5N)		
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		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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____		
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 NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, HAROLD A III 250 PARK AVE. SOUTH, 5TH FLOOR WINTER PARK, FL 32789	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODMAN, VICTOR E 250 PARK AVE. SOUTH, 5TH FLOOR WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRAUSS, RICHARD M 400 N. NEW YORK AVE., STE. 200 WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERKEN, ANN H X DELETE 400 N. NEW YORK AVE., STE. 200 WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLAN, J.P. III 390 NORTH ORANGE AVE., #1500 ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/17/2006 407-644-0555 Date Daytime Phone #

Richard M. Strauss
Treasurer