

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009318

FILED
Jul 03, 2008
Secretary of State

Entity Name: FAIRWINDS CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

135 W. CENTRAL BLVD
ORLANDO, FL 32801

New Principal Place of Business:

135 W. CENTRAL BLVD
SUITE 1220
ORLANDO, FL 32801

Current Mailing Address:

135 W. CENTRAL BLVD.
ORLANDO, FL 32801

New Mailing Address:

135 W. CENTRAL BLVD.
SUITE 1220
ORLANDO, FL 32801

FEI Number: 59-3765327 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOBIN, LARRY F
135 W. CENTRAL BLVD.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TISCHER, PHIL
Address: 3854 GATLIN WOOD DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: CHONODY, KATHY A
Address: 1530 MIZELL AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: GOIGEL, DIANNE
Address: 2612 RAINBOW SPRINGS LN
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY CHONODY

SEVP

07/03/2008

Electronic Signature of Signing Officer or Director

Date