

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001758

FILED  
Sep 05, 2006  
Secretary of State

**Entity Name:** MAYOR'S FUND FOUNDATION, INC.

**Current Principal Place of Business:**

4801 WEST COLONIAL DRIVE  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

4801 WEST COLONIAL DRIVE  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 20-2849747      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

POTTER, WILLIAM  
4801 WEST COLONIAL DRIVE  
ORLANDO, FL 32808      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: DV ( ) Delete  
Name: LANG, THOMAS F  
Address: 816 S SUMMERLIN AVE  
City-St-Zip: ORLANDO, FL 32806

Title: DT ( ) Delete  
Name: DESIMONI, JOE  
Address: PO BOX 5102  
City-St-Zip: WINTER PARK, FL 327935102

Title: DS ( ) Delete  
Name: CARTER, MICHELLE  
Address: PO BOX 9596  
City-St-Zip: DAYTONA BEACH, FL 32120

Title: DP ( ) Delete  
Name: METZGER, GARY  
Address: 8800 VISTANA CENTER DR  
City-St-Zip: LAKE BUENA VISTA, FL 328216353

Title: D ( ) Delete  
Name: HILL, GRANT  
Address: 4901 VINELAND RD STE 340  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LANG, THOMAS F  
Address: 816 S SUMMERLIN AVE  
City-St-Zip: ORLANDO, FL 32806

Title: DV (X) Change ( ) Addition  
Name: DESIMONI, JOE  
Address: PO BOX 5102  
City-St-Zip: WINTER PARK, FL 327935102

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

Title: D (X) Change ( ) Addition  
Name: THOMAS, PINKLON  
Address: 8651 ALEXANDRIA HARBOUR PLACE  
City-St-Zip: ORLANDO, FL 32829

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM POTTER

DIR

09/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date