





2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90239 007 ****61.25

DOCUMENT # N05000001758 1. Entity Name MAYOR'S FUND FOUNDATION, INC.					
Principal Place of Business 4801 WEST COLONIAL DRIVE ORLANDO, FL 32808			Mailing Address 4801 WEST COLONIAL DRIVE ORLANDO, FL 32808		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40084983</div>  <div style="margin-top: 10px;"> 03142007 Chg-NP CR2E037 (12/06) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-2849747		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40084983</div>  <div style="margin-top: 10px;"> 03142007 Chg-NP CR2E037 (12/06) </div>	
6. Name and Address of Current Registered Agent					
POTTER, WILLIAM 4801 WEST COLONIAL DRIVE ORLANDO, FL 32808					
7. Name and Address of New Registered Agent					
Name				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40084983</div>  <div style="margin-top: 10px;"> 03142007 Chg-NP CR2E037 (12/06) </div>	
Street Address (P.O. Box Number is Not Acceptable)					
City FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANG, THOMAS F 816 S SUMMERLIN AVE ORLANDO, FL 32806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Carter-Scott, Michelle 1255 W. International Speedway Blvd Daytona Beach, FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DESIMONI, JOE PO BOX 5102 WINTER PARK, FL 327935102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hill, Grant 6996 Piazza Grande Ave, Suite 311 Orlando, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARTER, MICHELLE PO BOX 9596 DAYTONA BEACH, FL 32120 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Benton, Jackie P.O. Box 196078 Winter Springs, FL 32719-6078 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, PINKLON 8651 ALEXANDRIA HARBOUR PLACE ORLANDO, FL 32829 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Q Quiñones 12 S. Orlando Ave. Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, GRANT 4901 VINELAND RD STE 340 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Lang, Thomas F 816 S. Summerlin Ave Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>William Potter</i> WILLIAM POTTER </div> <div style="width: 20%;"> 3/19/07 </div> <div style="width: 40%;"> 407-836-6203 </div> </div> <div style="display: flex; justify-content: space-between; font-size: 8px; margin-top: 5px;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					