2008 NOT-FOR-PROFIT CORPORATION

indicated on this report or supplement of the corporation or the receiver pr changed, or on an attacher

SIGNATURE:

Mar 31, 2008 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N05000001758 03-31-2008 90013 003 ****61.25 MAYÓR'S FUND FOUNDATION, INC. Principal Place of Business Mailing Address **4801 WEST COLONIAL DRIVE 4801 WEST COLONIAL DRIVE** ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 02222008 CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 20-2849747 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POTTER, WILLIAM 4801 WEST COLONIAL DRIVE ORLANDO, FL 32808 . Colonial Zip Code 32808 8. The above named en ubritis 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 reg SIGNATURE t and title if applicable. (NOTE: Registered Agent signature 9. Election Campaign Financing Filing Fee Is \$61.25 Make check payable to \$5.00 May Be П Due by May 1, 2008 Trust Fund Contribution Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DC TITLE TITLE ☐ Defete Change | ☐ Addition LANG, THOMAS F NAME NAME 816 S SUMMERLIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY+ST-7IP TITLE Delete TITLE **X** Addition José Fajardo Change DESIMONI, JOE NAME NAME 1510 E. Colonial Dr. STREET ADDRESS PO BOX 5102 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 327935102 CITY-ST-ZIP TITLE Delete TITLE ☐ Change M Addition CARTER-SCOTT, MICHELLE Nick Anderson NAME NAME 8701 Maithand Summit Blvd. STREET ADDRESS 1255 W INTERNATIONAL SPEEDWAY BLVD STREET ADDRESS DAYTONA BEACH, FL 32114 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition THOMAS, PINKLON NAME NAME STREET ADDRESS 8651 ALEXANDRIA HARBOUR PLACE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32829 CITY-ST-ZiP TITLE Delete TITLE ☐ Change ☐ Addition HILL GRANT NAME NAME STREET ADDRESS 6996 PIAZZA GRAND AVE STE 311 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BENTON, JACKIE NAME PO BOX 196078 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL CITY-ST-ZIP polited with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information tal 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 ustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if address with all-other like empowered. I hereby certify that the information s

AME OF SIGNING OFFICER OR DIRECTOR

FILED