

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 16, 2009  
Secretary of State**

DOCUMENT# N06000006359

Entity Name: MICHAEL & WENDY DAVIS FOUNDATION, INC.

**Current Principal Place of Business:**

1818 GIPSON GREEN LANE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1818 GIPSON GREEN LANE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 20-5100826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEFKOWITZ, IVAN M  
430 NORTH MILLS AVENUE  
ORLANDO, FL 32803      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: PD      ( ) Delete  
Name: DAVIS, MICHAEL S  
Address: 1818 GIPSON GREEN LANE  
City-St-Zip: WINTER PARK, FL 32789

Title: VPD      ( ) Delete  
Name: DAVIS, WENDY M  
Address: 1818 GIPSON GREEN LANE  
City-St-Zip: WINTER PARK, FL 32789

Title: DS      ( ) Delete  
Name: LEFKOWITZ, IVAN M  
Address: 430 NORTH MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

**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: WENDY DAVIS

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

VPD

02/16/2009

\_\_\_\_\_  
Date