


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90031 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N09896					
1. Corporation Name CHARLES W. CLAYTON FAMILY FOUNDATION, INC.					
Principal Place of Business C/O CHARLES W. CLAYTON, III SUITE 100, 611 WYMORE RD WINTER PARK FL 32789			Mailing Address C/O CHARLES W. CLAYTON, III SUITE 100, 611 WYMORE RD. WINTER PARK FL 32789		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/21/1985 4. FEI Number 59-2678484 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CLAYTON, CHARLES W., III 611 WYMORE ROAD SUITE 100 WINTER PARK FL 32789			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAYTON, COLE W.		1.2 NAME		
STREET ADDRESS	1190 N. PARK AVENUE		1.3 STREET ADDRESS		
CITY-STATE-ZIP	WINTER PARK FL 32789		1.4 CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROLL, HOPE E.		2.2 NAME		
STREET ADDRESS	1309 RAINTREE PLACE		2.3 STREET ADDRESS		
CITY-STATE-ZIP	WINTER PARK FL 32789		2.4 CITY-STATE-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DODGE, LINDA		3.2 NAME		
STREET ADDRESS	611 WYMORE RD		3.3 STREET ADDRESS		
CITY-STATE-ZIP	WINTER PARK FL		3.4 CITY-STATE-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAYTON, CHARLES W		4.2 NAME		
STREET ADDRESS	611 N. WYMORE ROAD		4.3 STREET ADDRESS		
CITY-STATE-ZIP	WINTER PARK FL 32789		4.4 CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAYTON, CLAY W.		5.2 NAME		
STREET ADDRESS	1190 N. PARK AVENUE		5.3 STREET ADDRESS		
CITY-STATE-ZIP	WINTER PARK FL 32789		5.4 CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZORIAN, BETTY JANE		6.2 NAME		
STREET ADDRESS	454 CHERRYWOOD GARDENS DR..		6.3 STREET ADDRESS		
CITY-STATE-ZIP	MAITLAND FL		6.4 CITY-STATE-ZIP		

14 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #