

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

~~FILED~~
61-25

DOCUMENT # N09896

1. Entity Name
CHARLES W. CLAYTON FAMILY FOUNDATION, INC.



Principal Place of Business
1190 NORTH PARK AVENUE
WINTER PARK, FL 32789

Mailing Address
1190 NORTH PARK AVENUE
WINTER PARK, FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2678484

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, THOMAS R
14 E. WASHINGTON STREET
SUITE 600
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

108 E. Hillcrest Street

City

Orlando

FL

Zip Code

32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLAYTON, CHARLES
STREET ADDRESS 1190 N. PARK AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE VD
NAME ROLL, HOPE E.
STREET ADDRESS 1190 NORTH PARK AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE SD
NAME CLAYTON, CLAY W
STREET ADDRESS 1190 NORTH PARK AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE TD
NAME CLAYTON, COLE
STREET ADDRESS 1190 NORTH PARK AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. Clayton, Jr.

4-21-05

Date

407-622-0000

Daytime Phone

135/10

700054530257
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