


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N18392 1. Entity Name WILLIAM C. DEMETREE, JR., FOUNDATION, INC.	
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Principal Place of Business 3348 EDGEWATER DR ORLANDO, FL 32804 US	Mailing Address 3348 EDGEWATER DR ORLANDO, FL 32804 US
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01242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2750694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DEMETREE, MARY L
3348 EDGEWATER DR
ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when retesting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEMETREE, WILLIAM C. 3348 EDGEWATER DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMETREE, SARA N. 3348 EDGEWATER DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMETREE, MARY L. 3348 EDGEWATER DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETREE, WILLIAM C., JR. 3348 EDGEWATER DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Sara N. Demetree Director 3/1/06 407-422-8197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #