SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22285** **(3)**

1. Corporation Name
THE 4C FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1612 E. COLONIAL DR. ORLANDO FL 32803	1612 E. COLONIAL DR. ORLANDO FL 32803

3. Date Incorporated or Qualified: **08/31/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2917065** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: **XX** **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **XX** **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes **XX** No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DUKES, DOROTHY M
1612 E. COLONIAL DR
ORLANDO FL 32803

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	BARBER, JANE STEWART	12 NAME	
STREET ADDRESS	5150 E. SPACECOAST PKWY	13 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	14 CITY-ST-ZIP	
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	EDDY, CARSON L.	22 NAME	
STREET ADDRESS	1941 LEE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DUDA, ELIZABETH A.	32 NAME	
STREET ADDRESS	2450 MIKLER ROAD	33 STREET ADDRESS	
CITY ST ZIP	OVIEDO FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LINDBLOM, GRACE	42 NAME	
STREET ADDRESS	540 DOUGLAS AVENUE	43 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, JOHN	52 NAME	
STREET ADDRESS	4377 CHULUOTA ROAD	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	FOREMAN, SUE	62 NAME	
STREET ADDRESS	104 CAMPHOR TREE LANE	63 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by amendment with an address.

SIGNATURE: _____ Chairman 7/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Carson Eddy

0004468