


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| DOCUMENT # N22285 | (3) |
| 1. Corporation Name THE 4C FOUNDATION, INC. | |

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



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| 3. Date Incorporated or Qualified 08/31/1987 | | 3a. Date of Last Report 06/19/1986 | |
| 4. FEI Number 59-2917065 | | Applied For <input type="checkbox"/> 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 | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|--------------------------------|--|------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip | | 28 Zip | |
| Country | | Country | |
| 24 | | 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 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|----------------------------|------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBER, JANE STEWART | 1.2 NAME | |
| STREET ADDRESS | 5150 E. SPACECOAST PKWY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. CLOUD FL | 1.4 CITY-ST-ZIP | |
| TITLE | DC <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDDY, CARSON L. | 2.2 NAME | |
| STREET ADDRESS | 1941 LEE ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUDA, ELIZABETH A. | 3.2 NAME | |
| STREET ADDRESS | 2450 MIKLER ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINDBLOM, GRACE | 4.2 NAME | |
| STREET ADDRESS | 540 DOUGLAS AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITCHELL, JOHN | 5.2 NAME | |
| STREET ADDRESS | 4377 CHULUOTA ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOREMAN, SUE | 6.2 NAME | |
| STREET ADDRESS | 104 CAMPHOR TREE LANE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 7/25/97 238-6008611

CR2E037 (4/97)