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FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N22285 (3)

1. Corporation Name

THE 4C FOUNDATION, INC.



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

2. Principal Place of Business

21 same

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/31/1987

4. FEI Number

59-2917065

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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

OFFICERS AND DIRECTORS

12. TITLE DS ☒ DELETE

NAME BARBER, JANE STEWART  
STREET ADDRESS 5150 E. SPACECOAST PKWY  
CITY-ST-ZIP ST. CLOUD FL

TITLE DC ☐ DELETE

NAME EDDY, CARSON L.  
STREET ADDRESS 1841 LEE ROAD  
CITY-ST-ZIP WINTER PARK FL

TITLE D ☒ DELETE

NAME DUDA, ELIZABETH A.  
STREET ADDRESS 2450 MIKLER ROAD  
CITY-ST-ZIP OVIEDO FL

TITLE D ☒ DELETE

NAME LINDBLOM, GRACE  
STREET ADDRESS 540 DOUGLAS AVENUE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☒ DELETE

NAME MITCHELL, JOHN  
STREET ADDRESS 4377 CHULUOTA ROAD  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME FOREMAN, SUE  
STREET ADDRESS 104 CAMPHOR TREE LANE  
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary - ☐ Change ☒ Addition

1.2 NAME Floyd, Ulysses  
1.3 STREET ADDRESS 454 Domino Drive  
1.4 CITY-ST-ZIP Orlando, FL 32805

2.1 TITLE Chairman - ☒ Change ☐ Addition

2.2 NAME Eddy, Carson  
2.3 STREET ADDRESS 1031 W. Morse Blvd, Suite 200  
2.4 CITY-ST-ZIP Winter Park, FL 32789

3.1 TITLE Chief Financial - ☐ Change ☒ Addition

3.2 NAME Frank, Patricia E.  
3.3 STREET ADDRESS 5958 Wallace Dr  
3.4 CITY-ST-ZIP Orlando, FL 32807

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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.

SIGNATURE:

*Patricia E. Frank* 2/6/98 407-228-6000 x6124

CR2E037 (10/97)