

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90023 030 ****61.25

DOCUMENT # N22285

1. Corporation Name

THE 4C FOUNDATION, INC.

Principal Place of Business

**1612 E. COLONIAL DR.
ORLANDO FL 32803**

Mailing Address

**1612 E. COLONIAL DR.
ORLANDO FL 32803**



2. Principal Place of Business

21 3500 W. Colonial DR

2a. Mailing Address

26 3500 W. Colonial DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

Zip

Country

24 32808 25 USA

Zip

Country

29 32808 30 USA

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

9. Name and Address of Current Registered Agent

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

address change

10. Name and Address of New Registered Agent

81 Name

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

3500 W. Colonial DR.

83

84 City

FL

85 Zip Code

32808

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

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **FLOYD, ULYSSES**

STREET ADDRESS **454 DOMINO DRIVE**

CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **DC** ☐ DELETE

NAME **EDDY, CARSON L.**

STREET ADDRESS **1031 W. MORSE BLVD, SUITE 200**

CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **FD** ☐ DELETE

NAME **FRANK, PATRICIA E.**

STREET ADDRESS **5958 WALLACE DR**

CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/99

Date

522-2252x6116

Daytime Phone #

CR2E037 (11/98)

0016749