2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N22285

Entity Name: THE 4C FOUNDATION, INC.

Current Principal Place of Business:

3500 W. COLONIAL DR.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

3500 W. COLONIAL DR.
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-2917065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDY, W. MARVIN
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	FLOYD, ULYSSES	
Address:	454 DOMINO DRIVE	
City-St-Zip:	ORLANDO, FL 32805 US	
Title:	CD	( ) Delete
Name:	FOREMAN, SUE	
Address:	1940 SUMMERLAND AVENUE	
City-St-Zip:	WINTER PARK, FL 32789 US	
Title:	FD	( ) Delete
Name:	FRANK, PATRICIA E	
Address:	3500 W. COLONIAL DR	
City-St-Zip:	ORLANDO, FL 32808 US	
Title:	PD	( ) Delete
Name:	GALLAGHER, COLLEEN	
Address:	3500 W. COLONIAL DR	
City-St-Zip:	ORLANDO, FL 32808 US	
Title:	TD	( ) Delete
Name:	PRYOR, DEE ANNA	
Address:	1478 THORNHILL CIRCLE	
City-St-Zip:	OVIEDO, FL 32765 US	
Title:	VD	( ) Delete
Name:	PINELLAS, ANNA	
Address:	1710 ORANGE VISTA BLVD	
City-St-Zip:	KISSIMMEE, FL 34746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA E. FRANK FD 03/24/2009

Electronic Signature of Signing Officer or Director — Date