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SECRETARY OF STAT
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandria B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24450 (1)

1. Corporation Name

THE GREATER CONSTRUCTION CORP. CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

1105 KENSINGTON PARK DR
ALTAMONTE SPRINGS FL 32714
US

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ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1988

3a. Date of Last Report

02/16/1994

4. FEI Number

59-2870807

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fees Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWNDES, JOHN F.
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP
NAME: MANDELL, ROBERT, A
STREET ADDRESS: 1105 KENSINGTON PARK DR.
CITY-ST-ZIP: ALTAMONTE SPRINGS FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: DST
NAME: ZIMMERMAN, LESTER
STREET ADDRESS: 1105 KENSINGTON PARK DR.
CITY-ST-ZIP: ALTAMONTE SPRINGS FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: D
NAME: LOWNDES, JOHN F.
STREET ADDRESS: 215 NORTH EOLA DR.
CITY-ST-ZIP: ORLANDO FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: D
NAME: BILLINGS, GEORGE H. JR.
STREET ADDRESS: 1105 KENSINGTON PK DR
CITY-ST-ZIP: ALTAMONTE SPRINGS FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lester Zimmerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lester Zimmerman

3/9/95

Date

407 869-0300

Daytime Phone #