


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N24450

1. Entity Name
THE GREATER CONSTRUCTION CORP. CHARITABLE FOUNDATION, INC.



Principal Place of Business Mailing Address

**1105 KENSINGTON PARK DR
 ALTAMONTE SPRINGS, FL 32714 US** **1105 KENSINGTON PARK DR
 ALTAMONTE SPRINGS, FL 32714 US**

DO NOT WRITE IN THIS SPACE



02232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2870807 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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8. 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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MANDELL, ROBERT A 1105 KENSINGTON PARK DR. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOWNDES, JOHN F 215 NORTH EOLA DR. ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANDELL, LESTER 1105 KENSINGTON PARK DR ALTAMONTE SPRINGS, FL 32714
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 03/23/05-80053-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. Mandell* **3/15/05** **407 869 0300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #