

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46954**

1. Entity Name  
**HUGHES FOUNDATION, INC.**



Principal Place of Business  
**20 NORTH ORANGE AVENUE  
SUITE 200  
ORLANDO, FL**

Mailing Address  
**C/O SUNTRUST BANK  
PO BOX 3838 - MAIL CODE FL-ORL-0720  
ORLANDO, FL 32802**



07272007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3167684**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HUGHES, VINCENT S.  
1411 EDGEWATER DR, STE 100  
ORLANDO, FL 32804**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HUGHES, VINCENT S.
STREET ADDRESS	1411 EDGEWATER DR, STE 100
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	D
NAME	HUGHES, DAVID H.
STREET ADDRESS	1 HUGHES WAY
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	D
NAME	MCCALL, WILLIAM E.
STREET ADDRESS	201 E PINE STREET STE 550
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000772956  
08/29/07-80001-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/9/08**  
Date

Daytime Phone #