


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N46954 1. Entity Name HUGHES FOUNDATION, INC.	
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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
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04022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3167684	Applied For Not Applicable
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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  Vincent S. Hughes  4/14/08
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 May 1, 2008**

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

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05/16/08-80017-013 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

4/14/08  Date

407-487-1592 Daytime Phone #