

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$325)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 8:30

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N50378** (1)
1. Corporation Name

BISHOP GRAY INNS FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
255 SOUTH ORANGE AVENUE 255 SOUTH ORANGE AVENUE
FIRSTSTATE TOWER, SUITE 800 FIRSTSTATE TOWER, SUITE 800
ORLANDO FL 32801 ORLANDO FL 32801

3. Date Incorporated or Qualified 08/14/1992 3a. Date of Last Report 03/31/1994
4. FEI Number 59-3147331 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 28 Zip 30 Country

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 FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACKINNON, ALEXANDER C.
255 SOUTH ORANGE AVE.
SUITE 800
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(421E) Registered Agent signature required when registering

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------|
| TITLE | TP |
| NAME | WADE, PHILIP |
| STREET ADDRESS | 525 N.E. 15TH ST |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | TV |
| NAME | WEEKS, MARTA S |
| STREET ADDRESS | 7350 SW 162 STR |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | TT |
| NAME | HATCHER, MARION F. . |
| STREET ADDRESS | 11 SOUTH BUMBY AVE. |
| CITY - ST - ZIP | ORLANDO FL |
| TITLE | TS |
| NAME | MACKINNON, ALEXANDER C |
| STREET ADDRESS | STE 800 FIRSTSTATE TOWER |
| CITY - ST - ZIP | ORLANDO FL |
| TITLE | AS |
| NAME | MOBLEY, GLENDA |
| STREET ADDRESS | 208 W. ORANGE ST. |
| CITY - ST - ZIP | DAVENPORT FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alexander C. Mackinnon* 6/9/95 (407) 813-7300
SIGNATURE AND TITLE OF CURRENT REGISTERED AGENT OR DIRECTOR Date (Printed Name)

CR2E037 (3/95)