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Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50378

(1)

1. Corporation Name

BISHOP GRAY INNS FOUNDATION, INC.

Principal Place of Business

255 SOUTH ORANGE AVENUE
FIRSTSTATE TOWER, SUITE 800
ORLANDO FL 32801

Mailing Address

255 SOUTH ORANGE AVENUE
FIRSTSTATE TOWER, SUITE 800
ORLANDO FL 32801-34453. Date Incorporated or Qualified
08/14/19923a. Date of Last Report
02/02/19964. FEI Number
59-3147331Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TP
NAME WADE, PHILIP
STREET ADDRESS 525 N.E. 15TH ST
CITY-ST-ZIP MIAMI FL ☐ DELETETITLE TV
NAME WEEKS, MARTA S
STREET ADDRESS 7350 SW 162 STR
CITY-ST-ZIP MIAMI FL ☐ DELETETITLE TT
NAME HATCHER, MARION F.
STREET ADDRESS 11 SOUTH BUMBAY AVE.
CITY-ST-ZIP ORLANDO FL ☐ DELETETITLE TS
NAME MACKINNON, ALEXANDER C
STREET ADDRESS STE 800 FIRSTSTATE TOWER
CITY-ST-ZIP ORLANDO FL ☐ DELETETITLE AS
NAME WHITMORE, GLENDA L
STREET ADDRESS 206 W. ORANGE ST
CITY-ST-ZIP DAVENPORT FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

Date

Daytime Phone # 0018056

CR2E037 (9/96)