2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# N50378

Entity Name: BISHOP GRAY INNS FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3147331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKINNON, ALEXANDER C
255 SOUTH ORANGE AVE.
SUITE 800
ORLANDO, FL 32801

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TP	( ) Delete
Name:	HOWE, JOHN RT REV W	
Address:	1017 ROBINSON ST	
City-St-Zip:	ORLANDO, FL 32801	
Title:	T VP	( ) Delete
Name:	LIPSCOMP, JOHN RT. REV.	
Address:	P.O. BOX 763	
City-St-Zip:	ELLENTON, FL 34222	
Title:	TT	( ) Delete
Name:	COLADO, GUY	
Address:	121 W. KINGS WAY	
City-St-Zip:	WINTER PARK, FL 32785	
Title:	TS	( ) Delete
Name:	MACKINNON, ALEXANDER C	
Address:	STE 800 FIRSTATE TOWER	
City-St-Zip:	ORLANDO, FL	
Title:	AS	(X) Delete
Name:	ALDRIDGE, GLENDA L	
Address:	206 W. ORANGE ST	
City-St-Zip:	DAVENPORT, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER MACKINNON TS 04/13/2004

Electronic Signature of Signing Officer or Director — Date