

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50378

FILED
Jan 08, 2007
Secretary of State

Entity Name: BISHOP GRAY INNS FOUNDATION, INC.

Current Principal Place of Business:

319 RAINTREE COURT
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

319 RAINTREE COURT
WINTER PARK, FL 32789

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 US

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: 7313 MERCHANT CT
City-St-Zip: SARASOTA, FL 34240

Title: TT () Delete
Name: COLADO, GUY
Address: 327 BELOIT AVE
City-St-Zip: WINTER PARK, FL 32789

Title: TS () Delete
Name: MACKINNON, ALEXANDER C
Address: 255 S ORANGE AVE, STE 800
City-St-Zip: ORLANDO, FL 32801

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: ST (X) Change () Addition
Name: MACKINNON, ALEXANDER C
Address: 255 S ORANGE AVE, STE 800
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 C MACKINNON

ST

01/08/2007

Electronic Signature of Signing Officer or Director

Date