2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED

ANNUAL REPORT								Jul 12, 2005 8:00 am				
1. Entity Name	e	# N9300001 FOUNDATION, INC						S	ecréta	ry of 90037 043	State	
1001 EAST P	VIC THEATRE FOUNDATION, INC. Incipal Place of Business 01 EAST PRINCETON STREET LANDO, FL 32803-1420 US Principal Place of Business Suite, Apt. #, etc.			Address EAST PRINCETON VDO, FL 32803-				1 INNIHAL S IA	18182 MM 88M 66	ili Batil Balil Sgiat	11821 (BISS HIG) 8	MMBI Bi INBE
2. Principal Place of Business 3. Maili				Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				07062005	Chg-NP	CR2E	37 (10/03)		
City & State			City	City & State				4. FEI Numbe 59-3182			+	pplied For ot Applicable
Zip Country		Zip	Zip		Country		5. Certificate	of Status Desire	ed 🔲	\$8.75 Add	ditional	
	6. Name	and Address of Current	Registered	l Agent		[7. Name and	Address of Ne	ew Registered		
6. Name and Address of Current Registere UCF CIVIC THEATRE					Name							
4000 CENT ORLANDO		PRIDA BLVD. 16-2372			:	Street A	Address (I	P.O. Box Numbe	r is Not Accep	table)		
						City				FI	Zip Cod	le
9 The above	named entity	y submits this statement for	the purpo	so of changing its	ragiotara	od office o		ad acces as bas	h in the Ctate o		_	
the obligati	ions of regist	ered agent.										
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if appli	cable. (NOTE	: Registered	d Agent signa	ture required	when reinstating)		DATE		
	Filing Fe	or printed name of registered agent are is \$61.25	and title if appli	9. Election Can Trust Fund C	npaign F	inancing	ture required	when reinstating) \$5.00 May Bradded to Fees	9		ek payable t	
	Filing Fe	e is \$61.25 Stember 7, 2005		9. Election Can	npaign F Contributi	inancing		\$5.00 May Bo		Make chec Florida Depa	rtment of S	tate
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12. I 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 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.

CITY-ST-ZIP

STREET AODRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-05 407-896-7365

Date Dayline Phone #