## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005215

Entity Name: THE SUMMIT ENDOWMENT FOUNDATION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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700 EAST WELCH RD. APOPKA, FL 32712

**Current Mailing Address: New Mailing Address:** 

700 EAST WELCH RD. APOPKA, FL 32712

FEI Number: 59-3220396 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIMS, GAIL D POOLE, CHARLENE M

3712 SOUTH SUMMERLIN ST. 3311 S. COUNTRY CLUB DRIVE ORLANDO, FL 32806 INVERNESS, FL 34450

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: CHARLENE M. POOLE 04/30/2004

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete ASH, ELEANOR V POOLE, CHARLENE M Name: Name: 678-110 SCARLET OAK CR. Address: 3311 S. COUNTRY CLUB DRIVE Address:

ALTAMONTE SPRINGS, FL 32701 INVERNESS, FL 34450

City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete Name: WOLAVER, THOMAS H Name: WILLIAMS, JOHN

Address: 23720 C.R. 44A Address: 7818 LAS CANAS COURT City-St-Zip: EUSTIS, FL 32736 City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete Title: () Change () Addition

LAUBSCHER, JUDY O Name: Name: 40 INTERLAKEN RD. Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip:

( ) Delete Title: TST Title: TST (X) Change ( ) Addition Name: SIMS, GAIL D Name: HASSELBRING, MARK A 3712 S SUMMERLIN AVE 404 SOUTH CENTER STREET Address: Address:

City-St-Zip: ORLANDO, FL 32806 City-St-Zip: EUSTIS, FL 32726

Title: ( ) Delete Title: (X) Change ( ) Addition

BAUGHMAN, RICHARD ABBOTT, CAROL L Name: Name: 166 FOXFIRE COURT 6466 CYPRESS SPRINGS PARKWAY Address: Address: City-St-Zip: PORT ORANGE, FL 32124 City-St-Zip: DAYTONA BEACH, FL 32114

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: CHARLENE M. POOLE PT 04/30/2004