

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90135 025 ****61.25

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1. Entity Name
THE SUMMIT ENDOWMENT FOUNDATION, INC.



Principal Place of Business
**700 EAST WELCH RD.
APOPKA, FL 32712**

Mailing Address
**700 EAST WELCH RD.
APOPKA, FL 32712**

50006777



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3220396

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POOLE, CHARLENE M
3311 S. COUNTRY CLUB DRIVE
INVERNESS, FL 34450**

Name
SUZANNE P. CONNOLLY

Street Address (P.O. Box Number is Not Acceptable)

700 E. WELCH ROAD

City
APOPKA

FL

Zip Code
32712

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
POOLE, CHARLENE M
3311 S. COUNTRY CLUB DRIVE
INVERNESS, FL 34450** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
JEAN A. LEFFLER
1210 N. OLD MILL DRIVE
DELTONA, FL 32725** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
WILLIAMS, JOHN
7818 LAS CANAS COURT
JACKSONVILLE, FL 32256** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC.
SUZANNE P. CONNOLLY
700 E. WELCH ROAD
APOPKA FL 32712-2921** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LAUBSCHER, JUDY O
40 INTERLAKEN RD.
ORLANDO, FL 32804** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CAROL L. ABBOTT
166 FOX FIRE CIRCLE
DAYTONA BEACH, FL 32114** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CASTROMAN, EMILIO
1 MAYBECK PLACE
ELSAH, IL 62028** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LYNNE WHITMORE
1338 S.W. IVANHOE BLVD.
ORLANDO FL 32804** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
ABBOTT, CAROL L
166 FOXFIRE COURT
DAYTONA BEACH, FL 32114** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
GAIL D. SIMS
3712 S. SUMMERLIN STREET
ORLANDO FL 32806-6902** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WHITMORE, LYNNE
1338 SW IVENHOE BLVD
ORLANDO, FL 32804** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Carol L. Abbott **CAROL L. ABBOTT** **3-22-06 (386) 252 4943**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #