FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001895 (1)

1. Corporation Name
ISLEWORTH FOUNDATION, INC.

Principal Place of Business	Mailing Address
6100 DEACON DRIVE WINDERMERE FL 34786	~~6100 DEACON DRIVE~~ ~~WINDERMERE FL 34786~~

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report: 06/13/1995

2. Principal Place of Business	2a. Mailing Address
21	26 200 S. Orange Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 2300
City & State 23	City & State 28 Orlando, FL
Zip 24 / Country 25	Zip 29 32801-3432 / Country 30

4. FEI Number: 59-3249459 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~F & L CORP.~~ ~~200 LAURA STREET~~ ~~JACKSONVILLE FL 32201~~	81 Name: A.G.C. Co. 82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Orange Ave. 83 Suite 2300 84 City: Orlando FL 85 Zip Code: 32801-3432

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE A.G.C. Co. By: [signature] V. Pres — 3/20/96
Signature, typed or printed name of registered agent and title if applicable: G. Thomas Ball, Vice President (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDQS ☐ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	ILVERTON, VIVIENNE	1.2 NAME	Silverton, Vivienne
STREET ADDRESS	5353 ISLEWORTH COUNTRY CLUB DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SILVERTON, TOBY N	2.2 NAME	
STREET ADDRESS	5353 ISLEWORTH COUNTRY CLUB DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	THAKKAR, RASESH	3.2 NAME	
STREET ADDRESS	5062 ISLEWORTH COUNTRY CLUB DR	3.3 STREET ADDRESS	600001798206
CITY-ST-ZIP	WINDERMERE FL	3.4 CITY-ST-ZIP	-04/29/96--01034--008
TITLE	TD ☐ DELETE	4.1 TITLE	***61.25 ☐ Change ☐ Addition
NAME	VOSS, JEFFERSON R	4.2 NAME	
STREET ADDRESS	550 JEFFERSON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	AS/D ☒ Change ☐ Addition
NAME	KAY, CHRISTOPHER K	5.2 NAME	
STREET ADDRESS	5524 ISLEWORTH COUNTRY CLUB DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	CEB
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4-26-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JEFFERSON R. VOSS 4.11.96 407 876 5432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)