FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 1 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002222 (7)

1. Corporate Name

FUNDS FOR CHARITIES, INC.

Principal Place of Business

390 NORTH ORANGE AVE
SUITE 2650
ORLANDO FL 32801

Mailing Address

390 NORTH ORANGE AVE
SUITE 2650
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1994

3a. Date of Last Report:

4. FEI Number: 59-3241502 — Applied For / Not Applicable

2. Principal Place of Business — 21 — Suite Apt # etc. — 22 — City & State — 23 — Zip — 24 — County — 25

2a. Mailing Address — 26 — Suite Apt # etc. — 27 — City & State — 28 — Zip — 29 — County — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Certificate of Good Standing / Trust Fund Compliance ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. [X] Yes ☐ No

9. Name and Address of Current Registered Agent

NEAL, RICHARD E
390 NORTH ORANGE AVE.
SUITE 2650
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. AGENT, TITLE, NAME AND ADDRESS, AND DATE CHANGED	
TITLE	D	TITLE	D/P/T [X] Change [ ] Addition
NAME	ARDAN, IVAN N	NAME	Ardan, Ivan N.
STREET ADDRESS	4532 VILLAGE WOOD DRIVE	STREET ADDRESS	4532 Village Wood Drive
CITY, ST, ZIP	ORLANDO FL 32835	CITY, ST, ZIP	Orlando, FL 32835
TITLE	D	TITLE	D/S [X] Change [ ] Addition
NAME	HANSEN, ALAN L	NAME	Hansen, Alan L.
STREET ADDRESS	49 WHITTINGHAM CIRCLE	STREET ADDRESS	49 Whittingham Circle
CITY, ST, ZIP	STERLING VA 20165	CITY, ST, ZIP	Sterling, VA 20165
TITLE	D	TITLE	D/V [X] Change [ ] Addition
NAME	CLAPP, BRADFORD W	NAME	Clapp, Bradford W.
STREET ADDRESS	7940 BARROWOOD STREET	STREET ADDRESS	7940 Barrowood Street
CITY, ST, ZIP	ORLANDO FL 32835	CITY, ST, ZIP	Orlando, FL 32835
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, including any requested changes, is true and correct and, to the extent applicable, that the corporation is in compliance with Section 607.0501, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 or another person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in compliance with an address.

SIGNATURE: 4-28-95 (407)843-0192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0003080