FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005027 (7)**

1. Corporation Name
ALZO J. REDDICK, SR. FOUNDATION, INC.

Principal Place of Business	Mailing Address
444 E. MURIEL STREET ORLANDO FL 32806	444 E. MURIEL STREET ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1994
3a. Date of Last Report:
4. FEI Number: 59-3272911 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PHILIPS, PATTI
444 E. MURIEL STREET
ORLANDO FL 32806

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	REDDICK, ALZO J SR	12 NAME	
STREET ADDRESS	2116 MONTE CARLO TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SHARP, CY	22 NAME	
STREET ADDRESS	444 E. MURIEL STREET	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PINKSTON, KENNETH	32 NAME	
STREET ADDRESS	3149 RIO LANE	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MICHELS, MIMI	42 NAME	
STREET ADDRESS	104 BUCKSKIN WAY	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	LABBE, HUBERT	52 NAME	
STREET ADDRESS	3006-3 SO. SEMORAN BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	PHILIPS, PATTI	62 NAME	
STREET ADDRESS	444 E. MURIEL STREET	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	64 CITY-ST-ZIP	

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)(i), 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: Patti Philips Patti Philips 4/15/95 407/425-4719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033783