



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005099

1. Entity Name
MINUTEMEN FOUNDATION INTERNATIONAL, INC.



Principal Place of Business
**10014 BROWNWOOD AVE
ORLANDO, FL 32825-6622**

Mailing Address
**10014 BROWNWOOD AVE
ORLANDO, FL 32825-6622**



01142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3272813

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUSH, TRAVIS D
10014 BROWNWOOD AVE
ORLANDO, FL 32825-6622**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BUSH, TRAVIS D
10014 BROWNWOOD AVE
ORLANDO, FL 328256622**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BUSH, EVELYN H
10014 BROWNWOOD AVE
ORLANDO, FL 328256622**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
MOORE, RICHARD C
1995 DIPOL CTWY
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Travis D Bush President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/06

407-775-8240

Date

Daytime Phone #