

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002584 (8)**
1. Corporation Name

THE JOHN QUINCY MACHAMER FAMILY FOUNDATION, INC.



Principal Place of Business 1155 LOUISIANA AVENUE SUITE 100 WINTER PARK FL 32789	Mailing Address 1155 LOUISIANA AVENUE SUITE 100 WINTER PARK FL 32789
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2. Principal Place of Business 21 110 East Hillcrest Suite, Apt. #, etc. 22 City & State 23 Orlando, Florida Zip 24 32801	2a. Mailing Address 26 110 East Hillcrest Suite, Apt. #, etc. 27 City & State 28 Orlando, Florida Zip 29 32801 Country 30 Orange
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3. Date Incorporated or Qualified 05/01/1996	
4. FEI Number 59-3401624	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WHEELER, KENNETH B ESQ. 1155 LOUISIANA AVENUE SUITE 100 WINTER PARK FL 32789	
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10. Name and Address of New Registered Agent 81 Name David W. Graham 82 Street Address (P.O. Box Number is Not Acceptable) 110 East Hillcrest Street 83 84 City Orlando 85 Zip Code FL 32801	
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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 *David W. Graham* **3-3-98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MACHAMER, JOHN QUINCY
STREET ADDRESS	7776 FISHER ISLAND DRIVE
CITY-ST-ZIP	MIAMI FL 33109
TITLE	D <input type="checkbox"/> DELETE
NAME	MELDEAU, MICHAEL
STREET ADDRESS	M.Y. 'TEMPTATION' 1 FISHER ISLAND DRIVE
CITY-ST-ZIP	MIAMI FL 33109
TITLE	D <input type="checkbox"/> DELETE
NAME	GRAHAM, DAVID CPA
STREET ADDRESS	350 EAST PINE STREET
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sidney G. Cash
1.3 STREET ADDRESS	360 E. Horatio Avenue
1.4 CITY-ST-ZIP	Maitland, Florida 32751
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael Meldeau
2.3 STREET ADDRESS	707 Royal Plaza Drive
2.4 CITY-ST-ZIP	Ft. Lauderdale, Florida 33301
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David W. Graham, CPA
3.3 STREET ADDRESS	110 East Hillcrest Street
3.4 CITY-ST-ZIP	Orlando, Florida 32801
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *David W. Graham* **3-3-98** **407-843-1681**

CP2E037 (10/97)