2007 NOT-FOR-PROFIT CORPORATION

STREET ADDRESS

changed, or on an attachment with

CITY-ST-789

Jan 25, 2007 8:00 am Secretary of State ANNUAL REPORT 01-25-2007 90043 025 ****61.25 DOCUMENT # N96000003661 ANN WATERS SATCHER FOUNDATION, INC. Ellinpon r Principal Place of Business Mailing Address **624 SELKIRK DRIVE 624 SELKIRK DRIVE** WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 59-3388289 City & State City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SATCHER, DAVID A Street Address (P.O. Box Number is Not Acceptable) 624 SELKIRK DRIVE WINTER PARK, FL 32792 32789 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 Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 🥫 11. 🔀 Change MILE ☐ Delete TITLE SATCHER, DAVID A NÂME : NAME 600 ALABAMA DRIVE, UNIT 104 WINTER PARK, FL 32789 STREET ADDRESS 624 SELKIRK DRIVE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-S1-ZIP Change Addition Delete TiTLE SATCHER, MILTON B III NAME 1600 ALABAMA DRIVE, UNIT 104 WINTER PARK, FL 32789 STREET ADDRESS 624 SELKIRK DRIVE STREET ADDRESS WINTER PARK, FL 32792 CITY-ST-ZIP CITY-ST-7IP Deiese TITLE TITLE SATCHER, JAMES K 1600 ALA BAMA DRIVE, UNIT 104 624 SELKIRK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP WINTER PARK, FL 32792 CITY-ST-ZIP Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME

STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not quality 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

FILED

Daytime Phone #