

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90041 036 \*\*\*\*61.25

**DOCUMENT # N96000003661**

1. Entity Name  
**ANN WATERS SATCHER FOUNDATION, INC.**



Principal Place of Business  
624 SELKIRK DRIVE  
WINTER PARK, FL 32792

Mailing Address  
624 SELKIRK DRIVE  
WINTER PARK, FL 32792

**40104258**



04242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3388289</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

SATCHER, DAVID A  
1600 ALABAMA DRIVE UNIT 104  
WINTER PARK, FL 32789

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SATCHER, DAVID A
STREET ADDRESS	1600 ALABAMA DRIVE UNIT 104
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	SATCHER, MILTON B III
STREET ADDRESS	1600 ALABAMA DRIVE UNIT 104
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	SATCHER, JAMES K
STREET ADDRESS	1600 ALABAMA DRIVE UNIT 104
CITY-ST-ZIP	WINTER PARK, FL 32789
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:**

*David A Satcher*

**4/26/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #