


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N97000002309 1. Entity Name THE ELLIOTT FOUNDATION, INC. |  |
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| Principal Place of Business 5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810 OR | Mailing Address 5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810 OR |
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-NP CR2E037 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-3442499 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ELLIOTT, EMANUEL J 5201 N. ORANGE BLOSSOM TRL. ORLANDO, FL 32810 | DO NOT WRITE IN THIS SPACE |
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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

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|---|---|
| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ELLIOTT, EMANUEL J 5201 N. ORANGE BLOSSOM TRL. ORLANDO, FL 32810 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ELLIOTT, CALLIE 5201 N. ORANGE BLOSSOM TRL. ORLANDO, FL 32810 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ELLIOTT, MARC G 5201 N. ORANGE BLOSSOM TRL. ORLANDO, FL 32810 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000292392
04/07/05-80070-010 61.25

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12. 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #