


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000001396</b>	
1. Entity Name <b>RIO GRANDE FOUNDATION OF EXCELLENCE, INC.</b>	

Principal Place of Business <b>2210 SOUTH RIO GRANDE AVE ORLANDO, FL 32805-5263</b>	Mailing Address <b>2210 SOUTH RIO GRANDE AVE ORLANDO, FL 32805-5263</b>
--	--



03092005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3516926</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ELLIS, JOHN JR 1302 EAST ROBINSON STREET ORLANDO, FL 32801</b>
--

**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, 2005**

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	P BRACY, LAVON W 5315 WOODSTEAD WAY ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM BURNETT, LEONARD 14341 LORD BARCLAY DRIVE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHOICE, BONNIE 589 S INDIGO RD ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CAROLYN 4235 COLONY WAY ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDGINS, CORNELIUS 10902 BOCA POINTE DRIVE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT INGRAM, LOUISE J 5219 N RIDGEWAY DR ORLANDO, FL 32819

000000273751  
03/23/05-80040-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Lavon W Bracy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 21, 2005*  
Date

*(407) 425-3001*  
Daytime Phone #