

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90058 008 ****61.25

0000960

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000007383

1. Corporation Name

THE ROSSMAN FAMILY FOUNDATION, INC.

Principal Place of Business

LAW OFFICES OF LOWNDES, DROSDICK, DOSTER
215 N. EOLA DRIVE
ORLANDO FL 32801

Mailing Address

LAW OFFICES OF LOWNDES, DROSDICK, DOSTER
215 N. EOLA DRIVE
ORLANDO FL 32801



2. Principal Place of Business

21 **6355 METROWEST BLVD.**

Suite, Apt. #, etc.

22 **SUITE 330**

City & State

23 **ORLANDO, FL**

Zip

24 **32835**

Country

2a. Mailing Address

26 **6355 METROWEST BLVD.**

Suite, Apt. #, etc.

27 **SUITE 330**

City & State

28 **ORLANDO, FL**

Zip

29 **32835**

Country

3. Date Incorporated or Qualified

12/31/1998

4. FEI Number

59-3547581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CLIFFORD, MICHAEL ESQ.
LAW OFFICES OF LOWNDES, DROSDICK, DOSTER
215 N. EOLA DRIVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **ROSSMAN, NANCY A**
STREET ADDRESS **6355 METROWEST BLVD., SUITE 330**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **STD**
NAME **ROSSMAN, RUTH J**
STREET ADDRESS **6355 METROWEST BLVD., SUITE 330**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D**
NAME **ROSSMAN, PAULA M**
STREET ADDRESS **6355 METROWEST BLVD., SUITE 330**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

PRESIDENT

4/28/99

(407) 523-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)