




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90036 035 ****61.25

DOCUMENT# N99000007589					
1. Entity Name GRACIABELLE LIVINGSTON FOUNDATION, INC.					
Principal Place of Business 800 N MAGNOLIA AVE, SUITE 900 ORLANDO, FL 32803			Mailing Address 800 N MAGNOLIA AVE, SUITE 900 ORLANDO, FL 32803		
2. Principal Place of Business		3. Mailing Address 1131 Symonds Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Winter Park, FL		4. FEI Number 59-3615446	
Zip		Zip 32789		Country USA	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILDER, CHARLES D 1132 SYMONDS AVE WINTER PARK, FL 32789			Name Charles D. Wilder		
			Street Address (P.O. Box Number is Not Acceptable) 1131 Symonds Ave.		
			City Winter Park		FL
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 			DATE 2/11/04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when installing)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, GRACIAB		NAME		
STREET ADDRESS	1125 COUNTRY CLUB DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLLER, LEWIS W		NAME		
STREET ADDRESS	6524 LANDING SDR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCO, DEAN		NAME		
STREET ADDRESS	WACHOVIA, PO BOX 1000		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32802		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, CHRISTINE		NAME		
STREET ADDRESS	4675 CHULUOTARD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32820		CITY-ST-ZIP		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, CHARLES D		NAME	Charles D. Wilder	
STREET ADDRESS	4574 SAIL BREEZE CT		STREET ADDRESS	1271 Sydney Court	
CITY-ST-ZIP	ORLANDO, FL 328101924		CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Charles D. Wilder		407-644-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #