


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007589 1. Entity Name GRACIA BELLE LIVINGSTON FOUNDATION, INC.	
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Principal Place of Business 800 N MAGNOLIA AVE, SUITE 900 ORLANDO, FL 32803	Mailing Address 1131 SYMONDS AVENUE WINTER PARK, FL 32789
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07112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3615446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILDER, CHARLES D
 1131 SYMONDS AVE
 WINTER PARK, FL 32789

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 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	DC LIVINGSTON, GRACIA B 1125 COUNTRY CLUB DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOLLER, LEWIS W 6524 LANDINGS DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOSCO, DEAN WACHOVIA, PO BOX 1000 ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAVID, C CHRISTINE 4675 CHULUOTA RD ORLANDO, FL 32820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WILDER, CHARLES D 1271 SYDNEY COURT ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000374648
 07/27/05-80001-017 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)(f), 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:  DATE: 7/11/05 DAYTIME PHONE #: 407-644-2216