

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722307

**Entity Name:** THE DR. P. PHILLIPS FOUNDATION

**Current Principal Place of Business:**

7400 DR. PHILLIPS BLVD.  
ORLANDO, FL 32819

**Current Mailing Address:**

7400 DR. PHILLIPS BLVD.  
ORLANDO, FL 32819

**FEI Number:** 59-6135403

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MELLEN, ROBERT LIII  
7400 DR. PHILLIPS BLVD.  
ORLANDO, FL 32819 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MELLEN, ROBERT LIII  
Address 7400 DR. PHILLIPS BLVD.  
City-State-Zip: ORLANDO FL 32819

Title CVD  
Name HINSON, J.A.  
Address 7400 DR. PHILLIPS BLVD.  
City-State-Zip: ORLANDO FL 32819

Title S/AT/D  
Name BURNETT, H.L.  
Address 7400 DR. PHILLIPS BLVD.  
City-State-Zip: ORLANDO FL 32819

Title T/AS  
Name TUKDARIAN, E.M.  
Address 7400 DR. PHILLIPS BLVD.  
City-State-Zip: ORLANDO FL 32819

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT L. MELLEN, III

**PRESIDENT**

**01/16/2013**

Electronic Signature of Signing Officer/Director Detail

Date