

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004623

**FILED**  
**Mar 04, 2015**  
**Secretary of State**  
**CC1840469088**

**Entity Name:** WESTMINSTER FOUNDATION III, INC.

**Current Principal Place of Business:**

80 WEST LUCERNE CIRCLE  
ORLANDO, FL 32801

**Current Mailing Address:**

80 WEST LUCERNE CIRCLE  
ORLANDO, FL 32801 US

**FEI Number: 38-3842959**

**Certificate of Status Desired: Yes**

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

KEITH, HENRY T  
80 WEST LUCERNE CIRCLE  
ORLANDO, FL 32801 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 EXECUTIVE VP/ASST. SECRETARY  
Name STEVENS, ROGER A  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title SECRETARY  
Name DYE, STEPHEN R  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title SENIOR VP/TREASURER  
Name KEITH, HENRY T  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN/PRESIDENT  
Name BOGNER, JAMES B  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name MILTON, V, JOHN  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name AMLEY, EDWARD A  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name BELL, WILLIAM O  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name DODDRIDGE, JEANNIE G  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

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*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: ROGER A. STEVENS**

**EXECUTIVE VP**

**03/04/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HALL, STEWART JR.  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name MAY , BRUCE W  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name NOLIN, JOANN  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name POLING, DEL R  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name STURM, RICHARD V  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name HILLENMEYER, JOHN W  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name MORGAN, HOWARD K  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name PHILLIPS, MARJORIE J  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name SHAFER, THOMAS L  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801