

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007589

**Entity Name:** GRACIA BELLE LIVINGSTON FOUNDATION, INC.

**Current Principal Place of Business:**

159 LOOKOUT PLACE  
SUITE 101  
MAITLAND, FL 32751

**Current Mailing Address:**

159 LOOKOUT PLACE  
SUITE 101  
MAITLAND, FL 32751

**FEI Number:** 59-3615446

**Certificate of Status Desired:** No

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

WILDER, CHARLES D  
159 LOOKOUT PLACE  
SUITE 101  
MAITLAND, FL 32751 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 DIRECTOR, TREASURER  
Name BOSCO, R. DEAN  
Address 255 S. ORANGE AVE STE 112  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR, VP  
Name DAVID, C. CHRISTINE  
Address 19345 PEABODY STREET  
City-State-Zip: ORLANDO FL 32833

Title DIRECTOR, PRESIDENT, SECRETARY  
Name WILDER, CHARLES D  
Address 159 LOOKOUT PLACE, SUITE 101  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name REICH, SHARON G  
Address 9316 SONIA STREET  
City-State-Zip: ORLANDO FL 32825

Title DIRECTOR  
Name MINYARD, MELISSA H  
Address 726 31ST STREET  
City-State-Zip: ORLANDO FL 32805

*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:** CHARLES D. WILDER

**PRESIDENT**

**02/04/2016**

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

\_\_\_\_\_  
Date