## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2006 8:00 am Secretary of State

| DOCUMENT # N0000004182  1. Entity Name COMMUNITY FOUNDATION OF EAST CENTRAL FLORIDA, INC.  |   |   |  | 04-21-2  | 2006 90105 004 ****70.00  | 0                                      |  |
|--|---|---|--|--|---|--|--|
| Principal Plac<br>100 N WOOD<br>DELAND, FL   | DLAND BLVD  | Mailing Address<br>P.O. BOX 523<br>DELAND, FL 32721-0523            |  | -  |   |  |  |
|  |   |   |  |  | 1811 <b>(11</b> 11 1111 1111 1111 1111 1111 1111  |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  | 04192006 Chg-NP  | CR2E037 (11/05)   | •                                      |  |
| City & State   |   | City & State  |  | 4. FEI Number 59-3663309   | Applied Not Ap  | d For                                  |  |
| Zip  | Country   | Zip   | Country  | 5. Certificate of Status Des   | \$9.75  |  |  |
|  | 6. Name and Address of Current  | Registered Agent  |  | 7. Name and Address of I   | · · · · · · · · · · · · · · · · · · ·   |  |  |
| EODING MEN   |   |   | Name   | Name   |   |  |  |
| FORTNER, KEN<br>210 BUNKER CT<br>DEBARY, FL 32713  |   |   | Street Address   | Address (P.O. Box Number is Not Acceptable)  |   |  |  |
|  |   |   |  |  |   |  |  |
|  |   |   | City   |  | FL Zip Code   |  |  |
| 8. The above   | named entity submits this statement for   | r the purpose of changing its regi                                  | istered office or regist   | ered agent, or both, in the State  | e of Florida. I am familiar with, and   | accept                                 |  |
| ine obligat  | ions of registered agent.   |   |  |  |   |  |  |
|  |   |   |  |  |   |  |  |
| SIGNATURE .  |   |   |  |  |   |  |  |
| SIGNATURE .  | Signature, typed or printed name of registered agent  | and title if applicable. (NOTE: Reg                                 | gistered Agent signature requir  | ed when reinstating)   | DATE  | _                                      |  |
| SIGNATURE .  | Filing Fee is \$61.25   | 9. Election Campai  | gn Financing   | \$5.00 May Be  | Make check payable to   |  |  |
|  | Filing Fee is \$61.25<br>Due by May 1, 2006   | 9. Election Campai<br>Trust Fund Contr                              | gn Financing<br>ribution.  | \$5.00 May Be<br>Added to Fees   | Make check payable to<br>Florida Department of State  |  |  |
| SIGNATURE .  | Filing Fee is \$61.25   | 9. Election Campai<br>Trust Fund Contr                              | ign Financing ribution.  | \$5.00 May Be<br>Added to Fees   | Make check payable to<br>Florida Department of State<br>FFICERS AND DIRECTORS IN 10   | <b>₹</b> Addition                      |  |
| 10.<br>TITLE<br>NAME   | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DI PCEO SCHMELLICK, NITA   | 9. Election Campai<br>Trust Fund Contr                              | gn Financing ribution.   11.  IIILE PAME Q 17  | \$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO O  | Make check payable to Florida Department of State FFICERS AND DIRECTORS IN 10   | <b>≰</b> Addition                      |  |
| 10. TITLE NAME STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DI PCEO SCHMELLICK, NITA 411 GLEN ABBEY LANE   | 9. Election Campai<br>Trust Fund Contr                              | gn Financing ribution.   | \$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO O  | Make check payable to Florida Department of State FFICERS AND DIRECTORS IN 10 □ Change □  | <b>₹</b> Addition                      |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DII PCEO SCHMELLICK, NITA 411 GLEN ABBEY LANE DEBARY, FL 32713   | 9. Election Campai Trust Fund Contr RECTORS                         | gn Financing ribution.   11.  TITLE RU NAME RU STREET ADDRESS 100 CITY-S1-ZIP DE L   | \$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO O  | Make check payable to Florida Department of State FFICERS AND DIRECTORS IN 10 Change 区・生伝足  |  |  |
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: KEN FORTNER TO SIGNING OFFICER OR DIRECTOR TREASURER 4/19/06 386 804050 2