## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2005 8:00 am Secretary of State

☐ Change ☐ Addition

DOCUMENT # 712822  1. Entity Name WINTER PARK HEALTH FOUNDATION, INC.					03-07-2005 9028	8 030 ****6]	1.25	
1870 ALOMA DR P.O Suite 200 Sui		Mailing Address P.O. BOX 2647 SUITE 202 WINTER PARK, FL 3279	P.O. BOX 2647			500235		
2. Principal Place of Business 3.		3. Mailing Address			I.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP CR	2E037 (10/03)	÷	
City & State		City & State		4. FEI Number 59-06694	4. FEI Number Applied For 59-0669460 Not Applicable			
Zip	Country	y Zip		5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
MADDOX, PATRICIA A				Name				
1870 ALOMA AVENUE SUITE 200				Street Address (P.O. Box Number is Not Acceptable)				
WINTER PARK, FL 32789								
				City FL Zip Code				
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  SIGNATU								
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.		Make check payable to Florida Department of State			
10.	OFFICERS AND DIF	ADDITIONS/CHANG	GES TO OFFICERS AN	D DIRECTORS IN	10			
TITLE	VCD VCD	Delete	11.	PD -	aco to ortiocho Are	∑ Change	Addition	
NAME	MADDOX, PATRICIA		NAME	Patricia A. Ma	xobba	<b>33</b> - 1 - 3 ·	_	
\$TREET ADDRESS	•			1870 Aloma Ave		200		
C1TY+ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Winter Park, I	FL 32789			
TITLE	VCD	☐ Delete	TITLE	CD	•	🔀 Change	Addition	
NAME	KEEN, ALLAN E		NAME	Allen E. Keen				
STREET ADDRESS CITY-ST-ZIP	1031 W MORSE BLVD STE 325 WINTER PARK, FL 32789		STREET ADDRESS CITY-ST-ZIP	1031 W. Morse	Blvd, Ste 3	325		
TITLE	VCD	☐ Delete	TITLE	Winter Park, : VCD	EP 37/03	☐ Change	Addition	
NAME	POOLE, MICHAEL	· Car Deice		Anne K. Fray		Land Orange	ريونانون ڪي.	
STREET ADDRESS		·	STREET ADORESS	1031 W. Morse		150		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Winter Park,	FL 32789			
TITLE	VCD	🔀 Delete	TITLE	VCD		Change	. 🗶 Addition	
NAME	RUFFIER, JOAN		NAME	Barbara DeVan		•		
STREET ADDRESS	722 ALBA DRIVE	•	STREET ADDRESS CITY-ST-ZIP	1035 Lakeview				
CITY-ST-ZIP	ORLANDO, FL 32804			Winter Park,	74/07	C 2.		
TITLE	TD HITT IOHN C	☐ Delete	TITLE NAME	1		· Change	☐ Addition	
NAME etert appece	HITT, JOHN C		NAME CIDEET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or adoptemental 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ORLANDO, FL 32816

1855 HOLLYWOOD AVE

WINTER PARK, FL 32789

CASTRO, IVAN J

VCD

SIGNATURE: Patricia A. Maddox 2/28/05 407/644-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date