

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712822

FILED
Feb 02, 2011
Secretary of State

Entity Name: WINTER PARK HEALTH FOUNDATION, INC.

Current Principal Place of Business:

220 EDINBURGH DRIVE
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

220 EDINBURGH DRIVE
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 59-0669460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDOX, PATRICIA A
220 EDINBURGH DRIVE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: MADDOX, PATRICIA
Address: 220 EDINBURGH DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: CD
Name: HOSTETTER, SANDRA G
Address: 450 SOUTH ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: TD
Name: HERBST, GEORGE H
Address: 421 N. WOODLAND BLVD., UNIT 8278
City-St-Zip: DELAND, FL 32723

Title: SD
Name: STANLEY, DAVID
Address: 528 HUNTINGTON AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

Title: VCD
Name: LEUNER, JEAN D
Address: 4000 CENTRAL FLORIDA BLVD.
City-St-Zip: ORLANDO, FL 32816 US

Title: VCD
Name: DAVIES, MATTHEW M
Address: 1850 BARTON STREET
City-St-Zip: LONGWOOD, FL 32750

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: PATRICIA A. MADDOX

CEO

02/02/2011

Electronic Signature of Signing Officer or Director

Date