FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:33

DOCUMENT # 756562 (5)

1. Corporation Name
WEST ORANGE HEALTH CARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
HEALTH CENTRAL 10000 W COLONIAL DR OCOEE FL 34761 US	P O BOX 614007 ORLANDO FL 32861-007 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2091206 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 616248
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Orlando Fl
24 Zip / 25 Country	29 32861-6248 / Country

9. Name and Address of Current Registered Agent

ALFORD, JANET M
10000 W COLONIAL DR
OCOEE FL 34761

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	WILT, SCOTT
STREET ADDRESS	8905 S BAY DR
CITY-ST-ZIP	ORLANDO FL
TITLE	VD
NAME	KRISAN, KIMBERLY
STREET ADDRESS	2815 E ST RD 50
CITY-ST-ZIP	OCOEE FL
TITLE	SD
NAME	HARGROVE, JIMMIE
STREET ADDRESS	136 WINDTREE LANE
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	PD
NAME	SINES, HENRY W.
STREET ADDRESS	800 S DILLARDS STREET
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	☑ Change ☐ Addition
1.2 NAME	Daniel Retro	
1.3 STREET ADDRESS	630 S. Kissimmee Ave	
1.4 CITY-ST-ZIP	Ocoee Fl 34761	
2.1 TITLE	VD	☑ Change ☐ Addition
2.2 NAME	Gretchen Boyd	
2.3 STREET ADDRESS	PO Box 771066 "N/A"	
2.4 CITY-ST-ZIP	Winter Garden Fl 34777-1066	
3.1 TITLE	SD	☑ Change ☐ Addition
3.2 NAME	Suzi Karr	
3.3 STREET ADDRESS	PO Box 667 "N/A"	
3.4 CITY-ST-ZIP	Windermere Fl 34786	
4.1 TITLE	TD	☑ Change ☐ Addition
4.2 NAME	Steve Stanford	
4.3 STREET ADDRESS	8230 Old Grove Dr.	
4.4 CITY-ST-ZIP	Orlando Fl 32818	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-24-95 467-656-2335
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0035002