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FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756562** (5)

1. Corporation Name

WEST ORANGE HEALTH CARE FOUNDATION, INC.

Principal Place of Business

Mailing Address

HEALTH CENTRAL
10000 W COLONIAL DR
OCOE FL 34761
US

P O BOX 616248
ORLANDO FL 32861-6248
US

3. Date Incorporated or Qualified

02/27/1981

4. FEI Number

59-2091206

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 26 **10000 W. COLONIAL DR.**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRWIN, RICHARD M
1000 W COLONIAL DR
OCOE FL 34761

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **DUNNEGAN, STEPHEN**
CITY-ST-ZIP **P.O. BOX 3029 N/A**
ORLANDO FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **TD**
1.3 STREET ADDRESS **BLAKESLEE, DEREK**
1.4 CITY-ST-ZIP **PO BOX 771047 N/A**
WINTER GARDEN, FL 34777-1047

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **HAYCOOK, SUZANNE**
CITY-ST-ZIP **PO BOX 668N/A**
WINDERMERE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **GORDON, BEVERLY**
2.4 CITY-ST-ZIP **9114 GREAT HERON DR.**
ORLANDO, FL 32836

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **KRISAN, KIMBERLY**
CITY-ST-ZIP **10945 W COLONIAL DR**
OCOE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **CAOS, CAROLYN**
3.4 CITY-ST-ZIP **PO BOX 728 N/A**
WINDERMERE, FL 34786

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HARGROVE, JIMMIE**
CITY-ST-ZIP **11 HEATHER GREEN CT**
OCOE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **PD**
4.3 STREET ADDRESS **HAYCOOK, SUZANNE**
4.4 CITY-ST-ZIP **PO BOX 668 N/A**
WINDERMERE, FL 34786

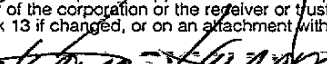
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:  **SUZANNE HAYCOOK** 1/15/98

CR2E037 (10/97)