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

APPROVED AND FILED

95 MAR 15 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764547 (6)

1. Corporation Name

ORLANDO REGIONAL HEALTHCARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1414 KUHL AVE. % 1414 SOUTH KUHL AVE. 621 32806-9093	1414 KUHL AVE. % 1414 SOUTH KUHL AVE. 621 32806-9093

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1982
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2244943 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STRACK, GARY
1414 SOUTH KUHL AVE.
ORLANDO FL 32806

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD ☑ Change ☐ Addition
NAME	LUSTIG, ELAINE M	1.2 NAME	Richard T. Hurt
STREET ADDRESS	3107 ARDSLEY DR	1.3 STREET ADDRESS	401 Spring Valley Lane
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	VCD	2.1 TITLE	VCD ☑ Change ☐ Addition
NAME	HURT, RICHARD T.	2.2 NAME	J. Stephen Schrimsher
STREET ADDRESS	401 SPRING VALLEY LANE	2.3 STREET ADDRESS	3340 Carla Street
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	STRACK, GARY	3.2 NAME	
STREET ADDRESS	1414 S. KUHL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	BOZARD, JOHN W.	4.2 NAME	
STREET ADDRESS	1414 S. KUHL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	EVP	5.1 TITLE	☐ Change ☐ Addition
NAME	MAYNARD, GEORGE F. (III)	5.2 NAME	
STREET ADDRESS	1414 S. KUHL AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ALBERTSON, JUDY	6.2 NAME	
STREET ADDRESS	55 TRISMEN TERR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	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: George Maynard 03/07/95 407-841-5194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031740