

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90009 040 ****61.25

DOCUMENT # 765370

1. Entity Name
**THE LOCAL HEALTH COUNCIL OF EAST CENTRAL
FLORIDA, INC.**



Principal Place of Business
**1155 S SEMORAN BLVD, STE 1111
WINTER PARK, FL 32792-5 US**

Mailing Address
**1155 S SEMORAN BLVD, STE 111
WINTER PARK, FL 32792-5 US**

54012200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2227752

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAULIL, KAREN
1155 S SEMORAN BLVD
SUITE 1111
WINTER PARK, FL 32792**

Name
Karen van Caulil

Street Address (P.O. Box Number is Not Acceptable)
1155 S. Semoran Blvd., Ste. 1111

City
Winter Park, FL

Zip Code
32792

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

Karen van Caulil

2/23/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
KALASHIAN, LIZE
1414 KUHLE AVE.
ORLANDO, FL 32803** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
Pam Steinke
25731 Lido Ave.
Mt. Plymouth, FL 32776** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
BISZICK, MERYL
633 E. COLONIAL DRIVE
ORLANDO, FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Roger Duryea
814 Seminole Ave.
Orlando, FL 32804** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LYNCH, BRIAN
1705 PARRISH COURT
TITUSVILLE, FL 32796** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Sue Dyer
841 Collie Lane
Maitland, FL 32751** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JOHNSON, DAVID
PO BOX 607582
ORLANDO, FL 32803** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Mike Napier
400 W. Airport Blvd.
Sanford, FL 32771** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARCUM, DIANNE
5801 N. BANANA RIVER BLVD.
CAPE CANAVERAL, FL 32920** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Brian Lynch
606 Sheridan Rd.
Melbourne, FL 32901** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIES, MATTHEW
495 N. KELLER ROAD
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
David Johnson
PO Box 607582
Orlando, FL 32860** ☒ Change ☐ Addition

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 supplemental 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.

SIGNATURE:

Karen van Caulil

2/23/04 (407) 671-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #