


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90334 013 ****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	
2. Principal Place of Business - No P.O. Box # 2461 W. STATE RD. 426 Suite, Apt. #, etc. Suite 2041 City & State Oviedo, FL Zip 32765		3. Mailing Address 2461 W. STATE RD. 426 Suite, Apt. #, etc. Suite 2041 City & State Oviedo, FL Zip 32765		4. FEI Number 59-2227752	
Country SEMINOLE		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN CAULIL, KAREN 1155 S SEMORAN BLVD SUITE 1111 WINTER PARK, FL 32792				7. Name and Address of New Registered Agent Name VAN CAULIL, KAREN Street Address (P.O. Box Number is Not Acceptable) 2461 W. STATE RD. 426 Suite 2041 City Oviedo	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GURRI, LISA 3661 S BABCOCK ST, STE B MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASURET, JOANNE 360 Gardenale Circle, S.E. PALM BAY, FL 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BISZICK, MERYL 633 E. COLONIAL DRIVE ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISZICK, MERYL 633 E. COLONIAL DRIVE ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DYER, SUE 841 COLLIE LANE MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dyer, SUE 841 COLLIE LANE MAITLAND, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, PETE 2100 E MICHIGAN ST ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gregg MACDONALD 495 N. Keller Rd., Suite 200 MAITLAND, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADNER, ANNE 1875 BOGGY CRK RD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDNER-LUGO, NANCY 2300 HURON Trail MAITLAND, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC NAPIER, MIKE 400 W. AIRPORT BLVD. SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BRADNER, ANNE 1875 Buggy Creek Rd KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Karen van Caulil</u> <u>Karen van Caulil</u> <u>4/12/07 (407) 977-1610</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					