

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007078

FILED
Apr 19, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA OSTEOPATHIC FOUNDATION, INC.

Current Principal Place of Business:

820 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

820 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3677500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWDER, DAVID C CPA
820 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GASSMAN, ALAN S
Address: 1245 COURT STREET SUITE 102
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: BORNSTEIN, GERALD
Address: 3009 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: MOORE, KEITH
Address: 7824 LAKE UNDERHILL STE A
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: RALEY, JANE-MARIE
Address: 10055 UNIVERSITY BLVD
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Delete
Name: GRATSCH, WILLIAM R
Address: 1294 REGENCY PLACE
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: FRILEN, ROBERT
Address: 2828 CASA ALOMA WAY STE 200
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FRILEN, ROBERT
Address: 4988 COURTLAND LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FRILEN

D

04/19/2006

Electronic Signature of Signing Officer or Director

_____ Date