


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90079 028 ****61.25

DOCUMENT # N0000007078

1. Entity Name
 CENTRAL FLORIDA OSTEOPATHIC FOUNDATION, INC.



Principal Place of Business
 820 LAKE KATHRYN CIRCLE
 CASSELBERRY, FL 32707

Mailing Address
 820 LAKE KATHRYN CIRCLE
 CASSELBERRY, FL 32707

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40038307



03112007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3677500

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CROWDER, DAVID C CPA
 820 LAKE KATHRYN CIRCLE
 CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	D GASSMAN, ALAN S 1245 COURT STREET SUITE 102 CLEARWATER, FL 33758 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. RICHARD SUXI 7326 LAKE UNDERHILL RD ORLANDO FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORNSTEIN, GERALD 3009 ALOMA AVE WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, KEITH 7824 LAKE UNDERHILL STE A ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALEY, JANE-MARIE 10055 UNIVERSITY BLVD ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRILEN, ROBERT 4988 COURTLAND LOOP WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Michael Suxi Date: 3/12/07 Daytime Phone #: 407-388-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

AMSOUTH BANK
 AMSOUTH BANK IS NOW REGIONS BANK
 P.O. BOX 11007
 BIRMINGHAM, AL 35288

40038307
 #N66066667678

#BWNJPMG
 CENTRAL FLORIDA OSTEOPATHIC FOUNDATION 20325
 CORPORATION
 7326 LAKE UNDERHILL RD
 ORLANDO FL 32822-6055



CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. AMSOUTH BANK AMSOUTH BANK IS NOW REGIONS BANK P.O. BOX 11007 BIRMINGHAM, AL 35288 1-800-AMSOUTH (1-800-267-6884)		3 Interest on U.S. Savings Bonds and Treas. obligations 5 Investment expenses 6 Foreign Tax Paid	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	OMB No. 1545-0112 2006 Copy B - For Recipient Form 1099-INT	
PAYER'S federal identification number 630935103	RECIPIENT'S identification number 593677500				
8 Tax exempt interest	9 Specified private activity bond interest	Account Number (see instructions) Ckng-000003720809905	1 Interest income 1,728.82	2 Early Withdrawal Penalty .00	4 Federal income tax withheld .00
RECIPIENT'S name, street address, (including apt. no.), city, state, ZIP code CENTRAL FLORIDA OSTEOPATHIC FOUNDATION CORPORATION 7326 LAKE UNDERHILL RD ORLANDO FL 32822-6055		TOTALS 1,728.82 .00 .00			

Form - 1099-INT (keep for your records)

Department of the Treasury - Internal Revenue Service

For instructions for this form, please see the reverse side of this page.