

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712822

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC4161518110**

**Entity Name:** WINTER PARK HEALTH FOUNDATION, INC.

**Current Principal Place of Business:**

220 SOUTH EDINBURGH DRIVE  
WINTER PARK, FL 32792

**Current Mailing Address:**

220 SOUTH EDINBURGH DRIVE  
WINTER PARK, FL 32792 US

**FEI Number:** 59-0669460

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MADDOX, PATRICIA A  
220 SOUTH EDINBURGH DRIVE  
WINTER PARK, FL 32792 US

*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

**Officer/Director Detail :**

Title PD  
Name MADDOX, PATRICIA A  
Address 220 SOUTH EDINBURGH DRIVE  
City-State-Zip: WINTER PARK FL 32792

Title CD, CHAIRMAN  
Name BARLEY, HAROLD W  
Address 315 EAST ROBINSON STREET, SUITE 355  
City-State-Zip: ORLANDO FL 32801

Title TD, TREASURER  
Name WOOD, J. KURT  
Address 250 PARK AVENUE SOUTH, SUITE 250  
City-State-Zip: WINTER PARK FL 32789

Title VCD  
Name STANLEY, DAVID  
Address 903 VERSAILLES CIRCLE  
City-State-Zip: MAITLAND FL 32751

Title VCD  
Name NEEDHAM, EDDIE  
Address 133 BENMORE DRIVE, SUITE 200  
City-State-Zip: WINTER PARK FL 32789

Title SD, SECRETARY  
Name JENNINGS, TONI  
Address 1030 WILFRED DRIVE  
City-State-Zip: ORLANDO FL 32803

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICIA A. MADDOX

**PRESIDENT & CEO**

**01/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date