

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90004 044 ****61.25

DOCUMENT # 712822					
1. Entity Name WINTER PARK HEALTH FOUNDATION, INC.					
Principal Place of Business 1870 ALOMA DR SUITE 200 WINTER PARK, FL 32789 US			Mailing Address P.O. BOX 2647 SUITE 202 WINTER PARK, FL 32790-2647 US		
2. Principal Place of Business 220 Edinburgh Drive Suite, Apt. #, etc.		3. Mailing Address 220 Edinburgh Drive Suite, Apt. #, etc.			
City & State Winter Park, Florida		City & State Winter Park, Florida		4. FEI Number 59-0669460	
Zip 32792		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MADDOX, PATRICIA A 1870 ALOMA AVENUE SUITE 200 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Patricia A. Maddox Street Address (P.O. Box Number is Not Acceptable) 220 Edinburgh Drive 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		Patricia A. Maddox, President		2-15-06	
Filing Fee is \$61.25 Due by May 1, 2006		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	PD MADDOX, PATRICIA 1870 ALOMA AVENUE STE 200 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Patricia A. Maddox 220 Edinburgh Drive Winter Park, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KEEN, ALLAN E 1031 W MORSE BLVD STE 325 WINTER PARK, FL 32789	<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	VCD FRAY, ANNE K 1031 W MORSE BLVD STE 150 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Anne K. Fray 1031 W. Morse Blvd, Suite 150 Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DEVANE, BARBARA 1035 LAKEVIEW DR WINTER PARK, FL 32789	<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	TD HITT, JOHN C 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Brenda Holson 846 Lake Howell Road Maitland, Florida 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CASTRO, IVAN J 1855 HOLLYWOOD AVE WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Judith G. Thames 3364 Windy Wood Drive Orlando, Florida 32812	<input type="checkbox"/> Change <input checked="" 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:			Patricia A. Maddox 2-15-06 407-644-2300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		