

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90029 011 \*\*\*\*61.25

**DOCUMENT # 712822**

1. Entity Name  
WINTER PARK HEALTH FOUNDATION, INC.



Principal Place of Business  
220 EDINBURGH DRIVE  
WINTER PARK, FL 32792 US

Mailing Address  
220 EDINBURGH DRIVE  
WINTER PARK, FL 32792 US

**50000916**



01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-0669460

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE PD ☐ Delete  
NAME MADDOX, PATRICIA  
STREET ADDRESS 220 EDINBURGH DRIVE  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE CD ☒ Delete  
NAME KEEN, ALLAN E  
STREET ADDRESS 1031 W MORSE BLVD STE 325  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE TD ☒ Delete  
NAME FRAY, ANNE K  
STREET ADDRESS 1031 W MORSE BLVD STE 150  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VCD ☐ Delete  
NAME DEVANE, BARBARA  
STREET ADDRESS 1035 LAKEVIEW DR  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VCD ☐ Delete  
NAME HOLSON, BRENDA  
STREET ADDRESS 846 LAKE HOWELL ROAD  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VCD ☐ Delete  
NAME THAMES, JUDITH G  
STREET ADDRESS 3364 WINDY WOOD DRIVE  
CITY-ST-ZIP ORLANDO, FL 32812

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Change ☒ Addition  
NAME Fray, Anne Kelley  
STREET ADDRESS 1031 W Morse Blvd, Ste 325  
CITY-ST-ZIP Winter Park, FL 32789

TITLE TD ☐ Change ☒ Addition  
NAME Sutton, Gerald  
STREET ADDRESS 310 Salvador Square  
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-07**  
Date

**407-644-2300**  
Daytime Phone #