

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712822

FILED  
Jan 05, 2010  
Secretary of State

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

**Current Principal Place of Business:**

220 EDINBURDH DRIVE  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

220 EDINBURGH DRIVE  
WINTER PARK, FL 32792 US

**Current Mailing Address:**

220 EDINBURDH DRIVE  
WINTER PARK, FL 32792 US

**New Mailing Address:**

220 EDINBURGH DRIVE  
WINTER PARK, FL 32792 US

**FEI Number:** 59-0669460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADDOX, PATRICIA A  
220 EDINDURGH DRIVE  
WINTER PARK, FL 32792 US

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

MADDOX, PATRICIA A  
220 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:

01/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: CD  
Name: SUTTON, GERALD  
Address: 310 SALVADOR SQUARE  
City-St-Zip: WINTER PARK, FL 32789

Title: TD  
Name: HOSTETTER, SANDRA G  
Address: 450 SOUTH ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: SD  
Name: STANLEY, DAVID  
Address: 528 HUNTINGTON AVENUE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: VCD  
Name: LEUNER, JEAN D  
Address: 2014 WAYHAVEN COURT  
City-St-Zip: MAITLAND, FL 32751 US

Title: VCD  
Name: DAVIES, MATTHEW M  
Address: 1850 BARTON STREET  
City-St-Zip: LONGWOOD, FL 32750

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

CEO

01/05/2010

Electronic Signature of Signing Officer or Director

Date