

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$134 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$345)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 11 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C93000000009 (4)

1. Corporation Name

WEST ORANGE HEALTHCARE DISTRICT, INC.

100001536181
-07/12/95--01081--008
****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10000 WEST COLONIAL DR. OCOEE FL 34761 **P.O. BOX 614007 ORLANDO FL 32061-4007**

3. Date Incorporated or Qualified **05/26/1949** 3a. Date of Last Report **02/02/1994**

4. FEI Number **59-0660025** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 **28**

Zip Country Zip Country
24 **25** **29** **30**

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. The corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, LYNN W
888 S. DILLARD STREET
WINTER GARDEN FL 34787

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **C**
NAME **ENGSTROM, DEAN**
STREET ADDRESS **12334 SUMMERPORT LANE**
CITY - ST - ZIP **WINDERMERE FL 34786**

1.1 TITLE **S**
1.2 NAME **Murphy, John Jr.**
1.3 STREET ADDRESS **1741 Woody Drive**
1.4 CITY - ST - ZIP **Windermere, FL 34786**

TITLE **V**
NAME **GRIER, EDDIE**
STREET ADDRESS **8814 BAY VILLA COURT**
CITY - ST - ZIP **ORLANDO FL 32819**

2.1 TITLE **C**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **S**
NAME **AHRENDT, PATRICIA**
STREET ADDRESS **1556 SACKETT CIRCLE**
CITY - ST - ZIP **ORLANDO FL 32818**

3.1 TITLE **V**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

John Grier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/95
Date

(Signature) (Printed Name)

CR2E037 (3/95)