

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007078

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** CENTRAL FLORIDA OSTEOPATHIC FOUNDATION, INC.

**Current Principal Place of Business:**

820 LAKE KATHRYN CIRCLE  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

820 LAKE KATHRYN CIRCLE  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 59-3677500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROWDER, DAVID C CPA  
820 LAKE KATHRYN CIRCLE  
CASSELBERRY, FL 32707 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GASSMAN, ALAN S  
Address: 1245 COURT STREET SUITE 102  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: BORNSTEIN, GERALD  
Address: 3009 ALOMA AVE  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: MOORE, KEITH  
Address: 7824 LAKE UNDERHILL STE A  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: RALEY, JANE-MARIE  
Address: 10055 UNIVERSITY BLVD  
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Delete  
Name: GRATSCH, WILLIAM R  
Address: 1294 REGENCY PLACE  
City-St-Zip: HEATHROW, FL 32746

Title: D ( ) Delete  
Name: FRILEN, ROBERT  
Address: 2828 CASA ALOMA WAY STE 200  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FRILEN, ROBERT  
Address: 4988 COURTLAND LOOP  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT FRILEN

D

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date