

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000007204

1. Entity Name
VITAL CARE CHARITABLE FOUNDATION, INC.



Principal Place of Business
**1209 EDGEWATER DR., STE. 101
ORLANDO, FL 32804**

Mailing Address
**1209 EDGEWATER DR., STE. 101
ORLANDO, FL 32804**



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3756797

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BISSINGER, STEVEN G CPA
1209 EDGEWATER DR., STE. 101
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000937538
05/27/08-80053-018 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, WILLIAM P 4121 SW 34 ST ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEDY, ASHLEY 414 FOREST ST WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGOWAN, COURTNEY 19432 FOGGY BOTTOM RD BLUEMONT, VA 20135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISSINGER, STEVEN G 1209 EDGEWATER DR., STE. 101 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN G BISSINGER

4/29/08

Date

4074225831

Daytime Phone #