

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000000170**

1. Entity Name  
**HEALTHY FLORIDA FOUNDATION LOBBY, INC.**



Principal Place of Business  
**200 S ORANGE AVE SUITE 2300  
ORLANDO, FL 32802**

Mailing Address  
**200 S ORANGE AVE SUITE 2300  
ORLANDO, FL 32802**



**DO NOT WRITE IN THIS SPACE**

04222004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**04-3591531**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**A.G.C. CO.  
200 S ORANGE AVE SUITE 2300  
ORLANDO, FL 32802**

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MCCOLLUM, BILL  
200 S ORANGE AVE SUITE 2300  
ORLANDO, FL 32802**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WILSON, CECIL  
1341 ORANGE AVE  
WINTER PARK, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
REIKER, JON  
5900 LAKE ELLENOR DR  
ORLANDO, FL 32809**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000137127  
04/29/04-80026-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Richard L. Pichon*  
**RICHARD L PICHON**

**4-22-04**

Date

Daytime Phone #