
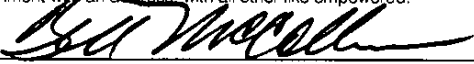


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90026 039 ****61.25

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # N02000000172 1. Entity Name HEALTHY FLORIDA FOUNDATION, INC. | | | |  | |
| Principal Place of Business 200 S ORANGE AVE STE 2300 ORLANDO, FL 32802 | | | | Mailing Address 200 S ORANGE AVE STE 2300 ORLANDO, FL 32802 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 04-3591528 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| A G C CO 200 S ORANGE AVE ORLANDO, FL 32802 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCCOLLUM, BILL | | NAME | | |
| STREET ADDRESS | 200 S ORANGE AVE STE 2300 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32802 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILSON, CECIL | | NAME | | |
| STREET ADDRESS | 1341 ORANGE AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | | CITY-ST-ZIP | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KELLEHER, LAWRENCE J | | NAME | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | DIRECTOR | |
| STREET ADDRESS | | | STREET ADDRESS | PILHORN, RICHARD | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 617 EAST COLONIAL DRIVE | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2/14/06 407-649-4050 <small>Date Daytime Phone #</small> | | |

Bill McCollum

Baker Hostetler

ATTACHMENT

40015836
#NO2000000172

Baker & Hostetler LLP

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Orlando, FL 32801-3432

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e-mail:
lbergstresser@bakerlaw.com

February 17, 2006

Florida Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

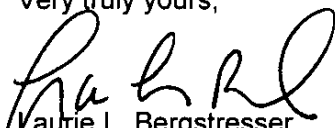
Re: 2006 UBR – Healthy Florida Foundation, Inc.
Client-Matter No. 92050-10574

Dear Sir or Madam:

Enclosed please find the 2006 Not-For-Profit Corporation Uniform Business Report for the above-referenced entity. Also enclosed is a check in the amount of \$61.25 to cover the cost of the filing fee.

Should you have any questions regarding the enclosed, please do not hesitate to contact me.

Very truly yours,


Laurie L. Bergstresser
Paralegal

Enclosure

10574, 92050, 101226008