

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

FILED
Mar 12, 2008 08:00 A
Secretary of State

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



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3591528

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
ORLANDO, FL 32802

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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

000000855580
03/27/08-80055-010 61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE D
NAME PILHORN, RICHARD
STREET ADDRESS 617 EAST COLONIAL DR
CITY-ST-ZIP ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

2/15/08

Date

407-353-4640

Daytime Phone #