

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90110 032 ****61.25

DOCUMENT # N04000005292



1. Entity Name
TEN BROECK HEALTHCARE FOUNDATION, INC.

Principal Place of Business
**603 MAIN STREET
WINDERMERE, FL 34786**

Mailing Address
**P.O. BOX 1100
WINDERMERE, FL 34786-1100**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
04-3800329

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKMAN, KEVIN
603 MAIN STREET
WINDERMERE, FL 34786**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCAS
DIZNEY, DONALD R
603 MAIN ST
WINDERMERE, FL 34786** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVC
ENGLISH, JAMES E
603 MAIN ST
WINDERMERE, FL 34786** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCE
DIZNEY, DAVID A
603 MAIN ST
WINDERMERE, FL 34786** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPS
BARKMAN, KEVIN
603 MAIN ST
WINDERMERE, FL 34786** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Kevin Barkman* **Kevin Barkman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

407-876-2200

Date

Daytime Phone #