

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

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

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**



04242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3800329

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

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	DCAS DIZNEY, DONALD R 603 MAIN ST WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC ENGLISH, JAMES E 603 MAIN ST WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIZNEY, DAVID A 603 MAIN ST WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS BARKMAN, KEVIN 603 MAIN ST WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/28/08-80116-012 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 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: *Jim Barkman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.08

Date Daytime Phone #