

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006598

FILED  
Jul 25, 2006  
Secretary of State

**Entity Name:** THE QUEST FOUNDATION OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

14655 EAGLES CROSSING DRIVE  
ORLANDO, FL 32837

**New Principal Place of Business:**

212 W. MICHIGAN STREET  
ORLANDO, FL 32806

**Current Mailing Address:**

717 EAST OAK STREET  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 20-1311778      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BAILEY, ANDRAE  
14655 EAGLES CROSSING DRIVE  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

BAILEY, ANDRAE  
4625 LAKE CALABAY DRIVE  
ORLANDO, FL 32837 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

07/25/2006

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BAILEY, ANDRAE  
Address: 14655 EAGLES CROSSING DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: SD ( ) Delete  
Name: BAILEY, ZWINDA  
Address: 14655 EAGLES CROSSING DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: TAYLOR, SCOTT  
Address: 212 W. MICHIGAN STREET  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: BELL, JOHN  
Address: 1604 BEAR LAKE ROAD  
City-St-Zip: BLACKFORD, GA 23917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BAILEY, ANDRAE  
Address: 4625 LAKE CALABAY DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: SD (X) Change ( ) Addition  
Name: BAILEY, ZWINDA  
Address: 4625 LAKE CALABAY DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRAE BAILEY

P

07/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date