

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003608

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** CENTRAL FLORIDA PARTNERSHIP ON HEALTH DISPARITIES, INC.

**Current Principal Place of Business:**

2461 W. STATE RD. 426, STE. 2041  
OVIEDO, FL 32765

**New Principal Place of Business:**

2461 W. STATE RD. 426  
SUITE 2041  
OVIEDO, FL 32765 US

**Current Mailing Address:**

2461 W. STATE RD. 426, STE. 2041  
OVIEDO, FL 32765

**New Mailing Address:**

2461 W. STATE RD. 426  
SUITE 2041  
OVIEDO, FL 32765 US

**FEI Number:** 26-2339292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CAUTHEN, ELAINE  
2461 W. STATE RD. 426, STE. 2041  
OVIEDO, FL 32765 US

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

CAUTHEN, ELAINE  
2461 W. STATE RD. 426  
SUITE 2041  
OVIEDO, FL 32765 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: \_\_\_\_\_

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: MARTIN, ANDRIA  
Address: 1816 SWEETWATER WEST CIR  
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete  
Name: CAUTHEN, ELAINE  
Address: 1539 THORNHILL CIR  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete  
Name: SUTHERLAND, LINDA  
Address: 600 CORTLAND ST., STE. 565  
City-St-Zip: ORLANDO, FL 32804

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: CD (X) Change ( ) Addition  
Name: MARTIN, ANDRIA  
Address: 1816 SWEETWATER WEST CIR  
City-St-Zip: APOPKA, FL 32712 US

Title: TD (X) Change ( ) Addition  
Name: CAUTHEN, ELAINE  
Address: 1539 THORNHILL CIR  
City-St-Zip: OVIEDO, FL 32765 US

Title: SD (X) Change ( ) Addition  
Name: SUTHERLAND, LINDA  
Address: 600 CORTLAND ST., STE. 565  
City-St-Zip: ORLANDO, FL 32804 US

Title: VC ( ) Change (X) Addition  
Name: FRANCOIS, MARIE-JOSE  
Address: 2542 FLETCH COURT  
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information supplied with this filing does not qualify 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: ELAINE CAUTHEN

TD

04/08/2009

Electronic Signature of Signing Officer or Director

Date