

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003608

FILED  
Apr 30, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 621554  
OVIEDO, FL 32762 US

**New Mailing Address:**

**FEI Number:** 26-2339292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MARTIN, ANDRIA  
**Address:** 1816 SWEETWATER WEST CIR  
**City-St-Zip:** APOPKA, FL 32712 US

**Title:** TD  
**Name:** CAUTHEN, ELAINE  
**Address:** 1539 THORNHILL CIR  
**City-St-Zip:** OVIEDO, FL 32765 US

**Title:** CD  
**Name:** SUTHERLAND, LINDA  
**Address:** 600 CORTLAND ST., STE. 565  
**City-St-Zip:** ORLANDO, FL 32804 US

**Title:** VCD  
**Name:** FRANCOIS, MARIE-JOSE  
**Address:** 2542 FLETCH COURT  
**City-St-Zip:** LAKE MARY, FL 32746 US

**Title:** SD  
**Name:** JOSEPHS, LAUREN  
**Address:** 1392 LAKE BALDWIN LANE, STE B  
**City-St-Zip:** ORLANDO, FL 32814 US

**Title:** VC  
**Name:** HO-SHING, VIKKI  
**Address:** 400 SAWGRASS CORPORATE PKWY, STE 100  
**City-St-Zip:** SUNRISE, FL 33325 US

I hereby 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 all other like empowered.

**SIGNATURE:** ELAINE CAUTHEN

TD

04/30/2012

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

\_\_\_\_\_  
Date