

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011882

FILED  
May 22, 2012  
Secretary of State

**Entity Name:** CENTRAL FLORIDA COALITION FOR HEALTH AWARENESS, INC.

**Current Principal Place of Business:**

4431 OAKTON DRIVE  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

11962 GENNARO LANE  
ORLANDO, FL 32827 US

**Current Mailing Address:**

P.O. BOX 618268  
ORLANDO, FL 32861 US

**New Mailing Address:**

FEI Number: 80-0236837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

KIMES, TRACI L RN, BSN  
4431 OAKTON DRIVE  
ORLANDO, FL 32818 US

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

KIMES, TRACI L RN, BSN  
11962 GENNARO LANE  
ORLANDO, FL 32827 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: TRACI L KIMES, RN, BSN

05/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KIMES, CEDRIC  
Address: 11962 GENNARO LANE  
City-St-Zip: ORLANDO, FL 32827 US

Title: D  
Name: FREEMAN, CASSANDRA L  
Address: 6721 SEXTON CT.  
City-St-Zip: FAYETTEVILLE, NC 28314 US

Title: D  
Name: BRUCE, LISA  
Address: 300 INVERNESS COVE  
City-St-Zip: RIDGELAND, MS 39157

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: CEDRIC L. KIMES

D

05/22/2012

Electronic Signature of Signing Officer or Director

Date