FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:02

DOCUMENT # N17367 (6)

1. Corporation Name

CENTRAL FLORIDA HOMEOPATHIC SOCIETY, INC.

Principal Place of Business	Mailing Address
539 GREELY STREET C/O SYLVIA B. ORR ORLANDO FL 32804	539 GREELY STREET C/O SYLVIA B. ORR ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1986
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2758033 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ORR, SYLVIA B.
539 GREELY ST.
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	HIPPS, SUSAN E	1.2 NAME		
STREET ADDRESS	6157 MEDFORD DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	ORR, SYLVIA	2.2 NAME		
STREET ADDRESS	539 GREELY ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S	☑ Change ☐ Addition
NAME	OOR, JULIAN W.	3.2 NAME	ORR, JULIAN W	
STREET ADDRESS	539 GREELY ST	3.3 STREET ADDRESS	539 Greely St	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, JOAN	4.2 NAME		
STREET ADDRESS	4507 CRIMSON CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MAGRUDER, LEE	5.2 NAME		
STREET ADDRESS	2012 COUNTRYSIDE CIR SOU	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE	VP	☑ Change ☐ Addition
NAME	HAMILTON, FRANCES	6.2 NAME	Clee, Douglas	
STREET ADDRESS	1221 RIDGE RD	6.3 STREET ADDRESS	1836 LaCrosse Ave	
CITY-ST-ZIP	LONGWOOD FL	6.4 CITY-ST-ZIP	ORLANDO FL 32826	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sylvia B. Orr (Sylvia B. Orr) Treas. 4-2-95 407-422-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000948