

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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C/O SYLVIA B. ORR
ORLANDO FL 32804

3. Date Incorporated or Qualified
10/17/1986

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 3958 MUZANTE CT

26 3958 MUZANTE CT

4. FEI Number
59-2758033

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 90 JUDY KILLEN

27 90 JUDY KILLEN

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

\$8.75 Additional Fee Required

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32817

25 ORANGE

29 32817

30 ORANGE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name KILLEN, JUDY

82 Street Address (P.O. Box Number is Not Acceptable)
3958 MUZANTE CT

83

84 City ORLANDO

85 Zip Code FL 32817

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Judy Killen

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-23-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HIPPS, SUSAN E
STREET ADDRESS 6157 MEDFORD DR
CITY-ST-ZIP ORLANDO FL

11 TITLE S ☒ Change ☒ Addition
12 NAME JONES, LAURA
13 STREET ADDRESS 5752 GRAND CANYON DR
14 CITY-ST-ZIP ORLANDO FL

TITLE D ☒ CHANGE TO D (ON-4) ☐ DELETE
NAME ORR, SYLVIA
STREET ADDRESS 539 GREELY ST
CITY-ST-ZIP ORLANDO FL

21 TITLE T ☒ Change ☒ Addition
22 NAME KILLEN, JUDY
23 STREET ADDRESS 3958 MUZANTE CT
24 CITY-ST-ZIP ORLANDO FL

TITLE S ☒ DELETE
NAME ORR, JULIAN W.
STREET ADDRESS 539 GREELY ST
CITY-ST-ZIP ORLANDO FL

31 TITLE VP ☒ Change ☒ Addition
32 NAME DEEVER, DEBBIE
33 STREET ADDRESS 766 GREENS AVE
34 CITY-ST-ZIP WINTER PARK FL 32789

TITLE P ☒ CHANGE TO D ☐ DELETE
NAME BROWN, JOAN
STREET ADDRESS 4507 CRIMSON CT
CITY-ST-ZIP ORLANDO FL

41 TITLE D ☒ Change ☐ Addition
42 NAME ORR, SYLVIA
43 STREET ADDRESS 539 GREELY ST
44 CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE
NAME MAGRUDER, LEE
STREET ADDRESS 2012 COUNTRYSIDE CIR SOU
CITY-ST-ZIP ORLANDO FL

51 TITLE D ☒ Change ☐ Addition
52 NAME BROWN, JOAN
53 STREET ADDRESS 4507 CRIMSON CT
54 CITY-ST-ZIP ORLANDO FL

TITLE VP ☒ CHANGE TO P ☐ DELETE
NAME CLEE, DOUGLAS
STREET ADDRESS 1836 LACROSSE AVE
CITY-ST-ZIP ORLANDO FL

61 TITLE P ☒ Change ☐ Addition
62 NAME CLEE, DOUGLAS
63 STREET ADDRESS 1836 LACROSSE AVE
64 CITY-ST-ZIP ORLANDO FL

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)(k), 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:

Judy Killen JUDY KILLEN

Signature typed or printed name of signing officer or director

4-23-96

Date

(407) 677-8761

Telephone #

CR2E037 (12/95)