

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N17367</b> (6) 1. Corporation Name <b>CENTRAL FLORIDA HOMEOPATHIC SOCIETY, INC.</b>			
Principal Place of Business <b>3958 MUZANTE CT C/O JUDY KILLEN ORLANDO FL 32817 US</b>		Mailing Address <b>3958 MUZANTE CT C/O JUDY KILLEN ORLANDO FL 32817-1653 US</b>	
2. Principal Place of Business <b>21 GEORGE PERKINS CENTER EASTMONTE RECREATION PARK</b> Suite, Apt. #, etc. <b>22 830 MAGNOLIA DR.</b> City & State <b>23 ALTAMONTE SPRINGS FL</b> Zip <b>24 32701</b> Country <b>25 S</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>	
3. Date Incorporated or Qualified <b>10/17/1986</b>		3a. Date of Last Report <b>04/26/1996</b>	
4. FEI Number <b>59-2758033</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>KILLEN, JUDY 3958 MUZANTE CT ORLANDO FL 32817</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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 _____ Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>HIPPS, SUSAN E</b>	1.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6157 MEDFORD DR</b>	1.2 NAME	<b>HIPPS, SUSAN E</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.3 STREET ADDRESS	<b>6157 MEDFORD DR</b>
		1.4 CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORR, SYLVIA</b>	2.2 NAME	
STREET ADDRESS	<b>539 GREELY ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, LAURA</b>	3.2 NAME	<b>V.P.</b>
STREET ADDRESS	<b>5752 GRAND CANYON DR</b>	3.3 STREET ADDRESS	<b>DEAVER, DEBBIE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	<b>766 GREENS AVE</b>
			<b>WINTER PARK FL 32789</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, JOAN</b>	4.2 NAME	
STREET ADDRESS	<b>4507 CRIMSON CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILLEN, JUDY</b>	5.2 NAME	<b>KILLEN, JUDITH A</b>
STREET ADDRESS	<b>3958 MUZANTE CT</b>	5.3 STREET ADDRESS	<b>3958 MUZANTE CT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	<b>ORLANDO, FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEE, DOUGLAS</b>	6.2 NAME	
STREET ADDRESS	<b>1836 LACROSSE AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: \_\_\_\_\_

*Judy Killen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97 407-677-8761  
 Date Daytime Phone # 0017357

CR2E037 (9/96)