


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17367** (6)  
1. Corporation Name  
**CENTRAL FLORIDA HOMEOPATHIC SOCIETY, INC.**

Principal Place of Business <b>GEORGE PERKINS CENTER 830 MAGNOLIA DR ALTAMONTE SPRINGS FL 32701 US</b>	Mailing Address <b>3958 MUZANTE CT C/O JUDY KILLEN ORLANDO FL 32817 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>10/17/1986</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2758033</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>VPC(1ST)</b>
NAME	<b>HIPPS, SUSAN E</b>	1.2 NAME	
STREET ADDRESS	<b>6157 MEDFORD DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>PB</b>
NAME	<b>ORR, SYLVIA</b>	2.2 NAME	
STREET ADDRESS	<b>539 GREELY ST</b>	2.3 STREET ADDRESS	<b>18236 DRIGGERS AVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>PT CHARLOTTE FL 33948</b>
TITLE	<b>VP</b>	3.1 TITLE	<b>S</b>
NAME	<b>DEAVER, DEBBIE</b>	3.2 NAME	<b>BEAUCHESNE, DOTTIE</b>
STREET ADDRESS	<b>708 GREENS AVE</b>	3.3 STREET ADDRESS	<b>3521 ERIE COURT</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	3.4 CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
TITLE	<b>D</b>	4.1 TITLE	
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>	5.1 TITLE	<b>T</b>
NAME	<b>KILLEN, JUDITH A</b>	5.2 NAME	
STREET ADDRESS	<b>3958 MUZANTE CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b>	6.1 TITLE	<b>VP(2ND)</b>
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 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: *Judith A. Killen* **JUDITH A KILLEN 4-29-98 407-677-8761**

CP2E037 (1097)