

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90048 015 ****61.25

DOCUMENT # N17367

1. Corporation Name

CENTRAL FLORIDA HOMEOPATHIC SOCIETY, INC.

Principal Place of Business

**GEORGE PERKINS CENTER
830 MAGNOLIA DR
ALTAMONTE SPRINGS FL 32701
US**

Mailing Address

**3958 MUZANTE CT
C/O JUDY KILLEN
ORLANDO FL 32817
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/17/1986

4. FEI Number

59-2758033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

23. City & State

24 Zip **25** Country

27. City & State

28 Zip **29** Country **30**

9. Name and Address of Current Registered Agent

**KILLEN, JUDY
3958 MUZANATE CT
ORLANDO FL 32817**

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 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 ☐ DELETE

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

TITLE PD
NAME ORR, SYLVIA
STREET ADDRESS 18235 DRIGGERS AVE
CITY-ST-ZIP PT CHARLOTTE FL 33948

TITLE S
NAME BEAUCHESNE, DOTTIE
STREET ADDRESS 3521 ERIE COURT
CITY-ST-ZIP ORLANDO FL 32810

TITLE D
NAME BROWN, JOAN
STREET ADDRESS 4507 CRIMSON CT
CITY-ST-ZIP ORLANDO FL

TITLE T
NAME KILLEN, JUDITH A
STREET ADDRESS 3958 MUZANTE CT
CITY-ST-ZIP ORLANDO FL

TITLE VP
NAME CLEE, DOUGLAS
STREET ADDRESS 1836 LACROSSE AVE
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME JULIAN ORR
4.3 STREET ADDRESS 18235 DRIGGERS AVE
4.4 CITY-ST-ZIP PT CHARLOTTE FL 33948

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME S/T
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JUDITH A. KILLEN 4-8-99 407-677-8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0017949

CR2E037 (11/98)