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FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24573 (0)

1. Corporation Name

HCF FOUNDATION, INC.



Principal Place of Business

Mailing Address

~~2500 MAITLAND CENTER PKWY., #800
MAITLAND FL 32751-4207~~~~2500 MAITLAND CENTER PKWY., #300
MAITLAND FL 32751-7101~~3. Date Incorporated or Qualified
01/29/19883a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 126A Park Avenue, South

2a. Mailing Address

26 126A Park Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Winter Park, FL 32789

City & State

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Zip Country

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Zip Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OGLE, LARRY

~~2500 MAITLAND CENTER PARKWAY, #800
MAITLAND FL 32751-4207~~

81 Name

Ogle, Larry

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

126A Park Avenue South

83

Winter Park

84 City

FL

85 Zip Code
32789

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CT	<input type="checkbox"/> DELETE
NAME	RUFFIER, DANIEL E	
STREET ADDRESS	200 E. NEW ENGLAND	
CITY - ST - ZIP	WINTER PARK FL	

11 TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	POHL, FRANK L.	
13 STREET ADDRESS	280 W. Canton Avenue, Suite 410	
14 CITY - ST - ZIP	Winter Park, FL 32789	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	PALA, GINO	
STREET ADDRESS	2000 MAITLAND CNTR PKWY., STE. 200	
CITY - ST - ZIP	MAITLAND FL	

21 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PALA, GINO	
23 STREET ADDRESS	195 International Parkway	
24 CITY - ST - ZIP	Heathrow, FL 32746-5036	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROUSSMAN, NATALIE	
STREET ADDRESS	2916 FITZDOOTH DRIVE	
CITY - ST - ZIP	WINTER PARK FL	

31 TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	TEASDALE, DONALD E.	
33 STREET ADDRESS	2315 Lee Road	
34 CITY - ST - ZIP	Winter Park, FL 32789	

TITLE	TT	<input type="checkbox"/> DELETE
NAME	SNIVELY, STEPHEN W	
STREET ADDRESS	TWO SOUTH ORANGE AVENUE	
CITY - ST - ZIP	ORLANDO FL	

41 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JAMES, BARBARA H.	
43 STREET ADDRESS	221 S. Knowles Avenue	
44 CITY - ST - ZIP	Winter Park, FL 32790	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ARKIN, GORDON J	
STREET ADDRESS	111 N. ORANGE AVENUE	
CITY - ST - ZIP	ORLANDO FL	

51 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MARTINEZ, RALPH E.	
53 STREET ADDRESS	P.O. Box 753	
54 CITY - ST - ZIP	Orlando, FL 32802-0753	

TITLE	T	<input type="checkbox"/> DELETE
NAME	AMIDON, WILLIAM R	
STREET ADDRESS	1431 CRESCENT LAKE DRIVE	
CITY - ST - ZIP	WINDERMERE FL	

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 unchanged, or on an attachment with an address.

SIGNATURE:

E. DANIEL RUFFIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8, 1997

Date

(407) 629-8911

Daytime Phone # 0014192

CR2E037 (9/96)