## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

126A PARK AVE. SOUTH WINTER PARK FL 32789

21



N24573

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # HCF FOUNDATION, INC.

(0)

Mailing Address

126A PARK AVE. SOUTH WINTER PARK FL 32789

2a. Mailing Address

26

## **FILED** Feb 04 1998 8:00am Secretary of State



 $\square$ 

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 01/29/1988

59-2943384

5. Certificate of Status Desired

-	Suite, Apt. #, etc.				Suite, Apt. #, etc.					j	6. Election Campaign Financing \$5.00 May Be	
22	City & State			27	City & State						Trust Fund Contribution	
23	City & State			28	_				7. Is this non		7. Is this nonprofit corporation a homeowners association?	
	Zip	p Country			Zip			Country			8. This corporation owes or has paid the current year Intangible	
24		25			29						Personal Property Tax due June 30. 🔲 Yes 🔯 No	
Name and Address of Current Registered Agent						jent					10. Name and Address of New Registered Agent	
								81 Name				
OGLE, LARRY							82 Street Ad			Addres	s (P.O. Box Number is Not Acceptable)	
126A PARK AVE, SOUTH										_		
WINTER PARK FL 32789								83				
								84	City	City gs Zip Code		
								1	,		<b>₩.</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 recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of changing its recommendation and the statement of the purpose of the statement of the state											ation submits this statement for the purpose of changing its registered	
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												
Ų,	3	Signature, typed	or printed name of registered agent	and lit	e if applicabl	. (NOTE	: Ragisten	ed Agei	nt signatur	re required	when reinstaling) DATE	
12	·		OFFIČERS AND	DIRE	CTORS		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIT	LE	CT				DELETE	1.11	ITLE		1	Change Addition	
NA	ME		R, DANIEL E				1.21	IAME		]	3[	
STF	reet address		NEW ENGLAND				1.35	TREET.	ADDRESS		Įį	
-	Y-ST-ZIP	<u> </u>	PARK FL			<u></u>	1,4 (	CITY-SI	T-ZIP	ļ		
TIT	LE J	VT				DELETE	2.17	TITLE		1	Change	
NA	ME I	PALA, G					2.21	IAME		1		
STE	REET ADDRESS		ernational Parkwa	Y			2,3 9	TREET.	ADDRESS			
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TITE	LE	ST				DELETE"	3.1 7	ITLE			Change	
NA!	1		VIAN, NATALIE				3.2 1	AME		1		
STF	REET ADDRESS		IZOOTH DRIVE				3.3 9	STREET	ADDRESS	}		
_	Y-ST-ZIP		PARK FL.		-	P-1		CITY-S	T-ZIP			
TIT	ſ	Π				☐ DELETE		ITLE		1	Change	
NA	ME		, stephen w	_			4.2	NAME				
STE	REET ADDRESS		OUTH ORANGE AVENU	E			4.3 5	STREET.	ADDRESS	1		
_	Y-ST-ZIP	ORLAND	JU FL.			T 25. 5-2	_	CITY-ST	T-ZIP	——		
TIT	1	A DIZINI	CODON I			DELETE		ITLE		1	Change Addition	
NA	- 1		GORDON J				8 '	IAME		1		
	REET ADDRESS		DRANGE AVENUE						ADDRESS			
	Y-ST-ZIP	ORLAND	JU PL			V OF CT	_	HY-SI	T-ZIP	<b>↓</b>	Change Addition	
TIII	1	A SAUDON	L MARLETA NA D			X DELETE		TLE		T	Change 1-4 Addition	
NAI			I, WILLIAM R RESCENT LAKE DRIVE					IAME		1 -	LENBURG, MARK	
ľ	REET ADDRESS						•		ADDRESS		1 W. PINE ST., ORLANDO FL	
CITY-ST-ZIP WINDERMERE FL 6.  14. Legreby certify that the information supplied with this filling does not qualify for the												
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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												
officer of director of the corporation of the receiver of 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.												
03/07/00 407/740-4900												
S	SIGNATURE: Clave Reflect E. DANIEL RIFFIER, CHAIR 01/07/98 407/740-4900											