

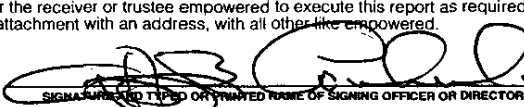


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90040 046 \*\*\*\*61.25

<b>DOCUMENT # N24573</b> 1. Entity Name <b>HCF FOUNDATION, INC.</b>					
Principal Place of Business <b>PO BOX 2071</b> <b>ORLANDO, FL 32802 US</b>			Mailing Address <b>PO BOX 2071</b> <b>ORLANDO, FL 32802 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		02092004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-2943384</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COWHERD, JEFFREY B</b> <b>945 S ORANGE AVE</b> <b>ORLANDO, FL 32806</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUFFIER, DANIEL E 200 E. NEW ENGLAND WINTER PARK, FL <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDERS, JEFF 200 S. ORANGE AVE, SUITE 2160 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARKIN, GORDON J 111 N. ORANGE AVENUE ORLANDO, FL 32802 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGNER, JOSEPH E 1031 W MORSE BLVD #150 ORLANDO, FL 32789 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB COWHERD, JEFFREY B 945 S. ORANGE AVE. ORLANDO, FL 32806 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, BARBARA 200 S. ORANGE AVE, ORLANDO, FL 32802 <input checked="" type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sally Kopke 301 N. E. Ivanhoe Blvd Orlando, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Andrew McEachron 135 W. Swoope Ave. Winter Park, FL 32782 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kenneth F. Moriah 800 W. Morse Blvd. Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <span style="float: right;">2/9/04 (407) 835-1835</span> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					