

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90017 005 \*\*\*\*70.00

**DOCUMENT # N41853**

1. Entity Name  
CENTRAL FLORIDA AREA HEALTH EDUCATION  
CENTER, INC.



Principal Place of Business

328 S. CENTRAL AVE.  
APOPKA, FL 32703

Mailing Address

328 S. CENTRAL AVE.  
APOPKA, FL 32703

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-3050122

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARREN, BLAKE  
328 SOUTH CENTRAL AVENUE  
APOPKA, FL 32703

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CAHILL, DENNIS  
STREET ADDRESS 2400 COUNTY RD 415-A  
CITY-ST-ZIP SANFORD, FL 32771

TITLE VD  
NAME WILLIAMS, GAYE  
STREET ADDRESS 1 WEST MAIN STREET  
CITY-ST-ZIP AVON PARK, FL

TITLE D  
NAME SILVERMAN, DOTTIE  
STREET ADDRESS 590 RUBY COURT  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06

Date

407-303-3296

Daytime Phone #