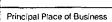


NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N41853

1. Entity Name

CENTRAL FLORIDA AREA HEALTH EDUCATION CENTER, INC.



Mailing Address

328 S. CENTRAL AVE.

APOPKA, FL 32703

328 S. CENTRAL AVE. APOPKA, FL 32703



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

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



DO NOT WRITE IN THIS SPACE

01202006 No Chg-NP

CR2E037 (11/05)

407-303-3296

4. FEI Number 59-3050122

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BLAKE 1 CENTRAL AVENUE

6. Name and Address of Current Registered Agent

WARREN, BLAKE 328 SOUTH CENTRAL AVENUE APOPKA, FL 32703

DO NOT WRITE 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 proted named typed or proted named types agent and the Liappicable. (NOTE: Registered Agent agreet) protecting required when renstating) DATE					
17.					
٠.	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAHILL, DENNIS 2400 COUNTY RD 415-A SANFORD, FL ³ 32771				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, GAYE 1 WEST MAIN STREET AVON PARK, FL D SILVERMAN, DOTTIE 590 RUBY COURT MAITLAND, FL 32751				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADORESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ļ		
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.					