

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 16 1997 8:00am  
Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42205 (7)**

1. Corporation Name

**Community Health Foundation of Central Florida, Inc.**

Principal Place of Business

Mailing Address

**74 W Second Street  
Apopka, FL 32703**

**P.O. Box 1249  
Apopka, FL 32704**

3. Date Incorporated or Qualified  
**02/22/91**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-3052767**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

**William Price**

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

**333 East Story Rd**

83

84 City

**Winter Garden**

**FL**

85 Zip Code  
**34787**

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

*William E. Price*

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

(NOTE: Registered Agent signature required when reinstating)

**6/9/97**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P D Price, William**  
STREET ADDRESS **333 East Story Rd**  
CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE ☐ DELETE

NAME **V D Diamond, Dana**  
STREET ADDRESS **541 East Horatio**  
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☒ DELETE

NAME **S T D Clifford, W. Michael**  
STREET ADDRESS **215 N Eola Drive**  
CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

SIGNATURE: *William E. Price*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**T D George, Tom**  
**PO Box 618244 N/A**  
**Orlando, FL 32861-8244**

**D Atone, Bruce**  
**PO Box 1031 N/A**  
**Orlando, FL 32802-1031**

**000002214230**  
**--06/17/97--01019--024**  
**\*\*\*61.25**

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 if changed, or on an attachment with an address.

CR2E037 (9/96)