

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42205

FILED
Jun 08, 2005
Secretary of State

Entity Name: COMMUNITY HEALTH FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

110 S. WOODLAND ST.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1249
APOPKA, FL 32704

New Mailing Address:

FEI Number: 59-3052767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, MARK S
110 S. WOODLAND ST.
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GEORGE, THOM
Address: P.O. BOX 4038
City-St-Zip: WINTER PARK, FL 327934038

Title: VD () Delete
Name: NORMAN, JIM
Address: 6234 BROOKHILL CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NORMAN, JIM
Address: 6234 BROOKHILL CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: D () Change (X) Addition
Name: SMITH, TRACY
Address: 1805 BRAELOCH COURT
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOM GEORGE

D

06/08/2005

Electronic Signature of Signing Officer or Director

Date