

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42205

1. Corporation Name

COMMUNITY HEALTH FOUNDATION OF CENTRAL FLORIDA,
INC.

Principal Place of Business

74 W. SECOND STREET
APOPKA FL 32703

Mailing Address

P.O. BOX 1249
APOPKA FL 32704

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

110 S. WOODLAND ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

City & State

Zip Country
32787 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1991

5. FEI Number

59-3052767

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ED D	GHUSTZ, MAE Smith, Tracy	4868 WEST PONKAN ROAD 1805 Braeloch Ct.	APOPKA FL 32712 Maitland, FL 32751
D CD	GEORGE, THOM	P.O. BOX 4038	WINTER PARK FL 32793
D	NORMAN, JIM	6234 BROOKHILL CIRCLE	ORLANDO FL 32810
			03/06/03--01060--004 **\$1.25
			11/01/02--01097--017 **\$236.25

8. Name and Address of Current Registered Agent

WILLIAMS, MARK S
214 SOUTH LAKE AVENUE
APOPKA FL 32708

9. Name and Address of New Registered Agent

Name

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

110 S. WOODLAND ST

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

32787

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Mark S Williams REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/08/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/02

Date

407.905.8807

Daytime Phone #

CF2E040 (9/02)



110 South Woodland Street
Winter Garden, Florida 34787
(407) 905-8827 Phone
(407) 905-8976 Fax



APOPKA CHILDREN'S HEALTH CENTER
618 Forest Avenue • Apopka, FL 32703
407-886-6201

APOPKA FAMILY HEALTH CENTER
225 East Seventh Street • Apopka, FL 32703
Medical • 407-886-6201
Dental • 407-886-9569

EATONVILLE FAMILY HEALTH CENTER
434 West Kennedy Blvd.
Suite D • Orlando, FL 32810
Medical • 407-645-3989
Dental • 407-645-3959

LEESBURG COMMUNITY HEALTH CENTER
225 North First Street • Leesburg, FL 34748
352-360-0490

PINE HILLS FAMILY HEALTH CENTER
3933 Country Club Drive
Suite A • Orlando, FL 32808
407-836-8400

SOUTH LAKE FAMILY HEALTH CENTER
1296 West Broad Street • Groveland, FL 34736
Medical • 352-429-4104
Dental • 352-429-2060

**WINTER GARDEN CHILDREN'S
HEALTH CENTER**
1210 E. Plant Street • Winter Garden, FL 34787
407-877-4350

**WINTER GARDEN FAMILY
HEALTH CENTER**
1210 E. Plant Street • Winter Garden, FL 34787
Medical • 407-877-4340
Dental • 407-877-4310



United Way



Funded in full or in part by
Orange County Government, Florida

February 19, 2003

Kathy Ashton
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Ashton,

As we spoke on the phone on January 30th, I have been trying to process this application for almost four months. I have sent back the attached form with a "D" plainly marked on it four times. The last time I called and spoke with Justin Shivers (the name that appears on the attached letter), he stated that you all had no record of the check, so for me to send a copy (which is also attached). I sent a copy on January 16th and then got the same letter in the mail again on January 28th. I must voice my frustration with how this has been handled.

I have also enclosed a check for \$61.25 for us to be covered until January 2004.

I appreciate your help in resolving this matter, if you have any questions please feel free to contact me at 407-905-8827 ext 226.

Sincerely,

Melanie Campbell
Development Associate

Enclosed –

- Application
- Copy of check
- Letters from Justin Shiver
- Check for \$61.25

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