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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45127** (0)
1. Corporation Name
CENTRAL FLORIDA CHILDREN'S HEALTH PROGRAM, INC.

JAN 1 1996
4988



Principal Place of Business Mailing Address
5671 SOUTH ORANGE AVENUE
ORLANDO FL 32809
US

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

3. Date Incorporated or Qualified 09/11/1991 3a. Date of Last Report 02/07/1995
4. FEI Number 59-3084109 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

GUEDES, BEN
615 EAST PRINCETON STREET
SUITE 540
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of person who is authorized to sign and file this document

Signature of Registered Agent (signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D ☐ DELETE
2. NAME POLLACK, KLYNDA
3. STREET ADDRESS 2800 S. OSCEOLA AVE.
4. CITY, ST, ZIP ORLANDO FL
5. TITLE D ☐ DELETE
6. NAME GUEDES, BEN
7. STREET ADDRESS 615 E. PRINCETON ST.#540
8. CITY, ST, ZIP ORLANDO FL
9. TITLE D ☐ DELETE
10. NAME CONDRON, COLIN
11. STREET ADDRESS 414 NORTH MILLS AVENUE
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