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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 11 PM 9:53

DOCUMENT # **N47475** (1)

1. Corporation Name

**HEART OF FLORIDA VIA DE CRISTO, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1600 S ORLANDO AVE<br>WINTER PARK FL 32789<br>US | 1600 S ORLANDO AVE<br>WINTER PARK FL 32789<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3154212 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

**9. Name and Address of Current Registered Agent**

~~DETZEL, JIM~~
~~382 FOREST PARK CIR~~
~~LONGWOOD FL 32779~~

**10. Name and Address of New Registered Agent**

81 Name: JERRY JOHNSON
82 Street Address (P.O. Box Number Is Not Acceptable): 1600 S ORLANDO AV
83:
84 City: WINTER PARK FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] JERRY JOHNSON — 4-6-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | DETZEL, JIM | 1.2 NAME | |
| STREET ADDRESS | 382 FOREST PARK CIR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LOKKEN, SHIRLEY | 2.2 NAME | |
| STREET ADDRESS | 719 FRENCH | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | JOHNSON, JERRY | 3.2 NAME | |
| STREET ADDRESS | 626 CLEARN CT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~NOLAN, MARJ~~ | 4.2 NAME | |
| STREET ADDRESS | ~~2913 BROMLEY RD.~~ | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~WINTER PARK FL 32792~~ | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | LINDEN, PAT | 5.2 NAME | |
| STREET ADDRESS | 5324 WOODCREST DR N | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~WHITE, LYNN~~ | 6.2 NAME | |
| STREET ADDRESS | ~~6627 PICCADILLY LN~~ | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~ORLANDO FL~~ | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** [signature] JERRY JOHNSON — 4-6-95 — 407-644-1783
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003720