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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003693 (8)**

1. Corporation Name

HEALTHY COMMUNITY INITIATIVE OF GREATER ORLANDO, INC.

Principal Place of Business

**225 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801**

Mailing Address

**225 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801-4325**

3. Date Incorporated or Qualified
07/25/1994

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

21 507 E. Michigan Street

Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

Zip

24 32856

Country

25 Orange

2a. Mailing Address

26 507 E. Michigan Street

Suite, Apt. #, etc.

27 City & State

28 Orlando, FL

Zip

29 32856

Country

30 Orange

4. FEI Number
59-3266381

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

**MATEER, WILLIAM G
225 EAST ROBINSON ST.
SUITE 600
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name MATEER, WILLIAM G

**82 Street Address (P.O. Box Number is Not Acceptable)
225 East Robinson St.**

83 Suite 600

84 City Orlando

FL 85 Zip Code 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

**TITLE PD
NAME KING, MARILYN
STREET ADDRESS 458 VIRGINIA DRIVE
CITY-ST-ZIP WINTER PARK FL 32789**

☐ DELETE

**TITLE D
NAME BRONSON, JEANELLE
STREET ADDRESS 111 NORTH ORANGE AVENUE, SUITE 1700
CITY-ST-ZIP ORLANDO FL 32801**

☐ DELETE

**TITLE D
NAME HAMILTON, THOMAS M.D.
STREET ADDRESS FLORIDA HOSPITAL, 601 E. ROLLINS AVE
CITY-ST-ZIP ORLANDO FL 32803**

☐ DELETE

**TITLE D
NAME MATEER, WILLIAM G
STREET ADDRESS 225 E. ROBINSON ST., SUITE 600
CITY-ST-ZIP ORLANDO FL 32801**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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.

SIGNATURE:

WILLIAM G. MATEER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

407 649 6891

Daytime Phone # 0015831

CR2E037 (9/96)

**HEALTHY COMMUNITY INITIATIVE OF GREATER ORLANDO
BOARD MEMBERS**

HAMILTON, MD, THOMAS E. (Ted)

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