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**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90018 012 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000003693**

1. Corporation Name

**HEALTHY COMMUNITY INITIATIVE OF GREATER ORLANDO, INC.**

Principal Place of Business

507 E MICHIGAN STREET  
ORLANDO FL 32856  
US

Mailing Address

507 E MICHIGAN STREET  
ORLANDO FL 32856  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/25/1994

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

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

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. 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

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**CD** ☐ Change ☒ Addition  
**Chapin, Linda**  
**Orange County Clerk Courts** **32801**  
**425 N. Orange Ave. #2110, Orlando, FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**SD** ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

*Linda W. Chapin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-836-2060

Date

Daytime Phone #

CR2E037 (11/98)