

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90222 026 ****80.00

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1. Entity 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**



01032005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3266381

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GABRIELSON, SCOTT
STREET ADDRESS	225 E ROBINSON #600
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	ED
NAME	LARSEN, RAYMOND L
STREET ADDRESS	507 E MICHIGAN ST
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	SD
NAME	MATEER, WILLIAM G
STREET ADDRESS	225 E. ROBINSON ST., SUITE 600
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	TD
NAME	TRINH-LE, TO-LAN
STREET ADDRESS	435 N ORANGE AVE., STE. 400
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VCD
NAME	KUPPER, JENNIFER
STREET ADDRESS	WDW PO BOX 10000
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #