

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000003836 (2)**

1. Corporation Name

**COMMUNITY HEALTHFEST, INC.**



Principal Place of Business

Mailing Address

1001 10TH AVENUE SOUTH, #227  
NAPLES FL 33940

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NAPLES FL 33940

3. Date Incorporated or Qualified  
**08/08/1995**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business

2a. Mailing Address

21 **505 Fifth Avenue S**

26 **505 Fifth Avenue S**

4. FEI Number

**65-0603153**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23 City & State

**NAPLES, FL**

28 City & State

**NAPLES, FL**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

24 Zip

**34102**

Country

29 Zip

**34102**

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RANKIN, DOUGLAS L  
2335 NORTH TAMiami TRAIL, STE. 308  
NAPLES FL 33940**

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 state if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **KOSTUK, TERESA**  
STREET ADDRESS **505 5TH AVENUE SOUTH**  
CITY-ST-ZIP **NAPLES FL 33940**

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **DV** ☐ DELETE  
NAME **KRANTZ, ALLEN M DR**  
STREET ADDRESS **179 SEABREEZE AVE.**  
CITY-ST-ZIP **NAPLES FL 33963**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **DS** ☐ DELETE  
NAME **MCLEOD, JENNY**  
STREET ADDRESS **1001 10TH AVE. SO., #227**  
CITY-ST-ZIP **NAPLES FL 33940**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **DT** ☐ DELETE  
NAME **CURTIS, JOY**  
STREET ADDRESS **421-B MEADOWLARK LANE**  
CITY-ST-ZIP **NAPLES FL 33942**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **FARRAR-KOCH, BECKY**  
STREET ADDRESS **5314 GRAND CYPRESS CIRCLE, #104**  
CITY-ST-ZIP **NAPLES FL 33942**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CORCORAN, STEVE DR.**  
STREET ADDRESS **9853 N. TAMiami TRAIL, #202**  
CITY-ST-ZIP **NAPLES FL 33942**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joy Curtis* **JOY CURTIS, TREASURER** 7/1/96 941-263-3174

CR2E037 (12/95)