

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 # N95000005528 (3)

1. Corporation Name

WELL-CONNECTED COMMUNITY OF CENTRAL FLORIDA, INC



Principal Place of Business

201 S. ROSALIND AVENUE
ORLANDO FL 32801

Mailing Address

POST OFFICE BOX 3047
WINTER PARK FL 32790-3047

3. Date Incorporated or Qualified
11/20/1995

3a. Date of Last Report
1ST REPORT

2. Principal Place of Business
21 201 S. ROSALIND AVENUE

2a. Mailing Address
26 P.O. BOX 2003

4. FEI Number
59-3348964

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State
23 ORLANDO, FL

City & State
28 ORLANDO, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip
24 32801

Country
25 USA

Zip
29 32802-2003

Country
30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COLBERT, MICHELE
705 BAFFIE AVENUE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name RICHARD FOGLESONG
82 Street Address (P.O. Box Number is Not Acceptable) 1750 CHIPPEWA TRAIL
83
84 City MAITLAND FL 85 Zip Code 32751

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 ☐ DELETE
NAME **PRESIDENT RICHARD FOGLESONG**
STREET ADDRESS **1750 CHIPPEWA TRAIL**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ DELETE
NAME **VICE PRESIDENT SCOTT BRADLEY**
STREET ADDRESS **14961 FAVERSHAM CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32826**

TITLE ☐ DELETE
NAME **SECRETARY BETTY SHINE**
STREET ADDRESS **1760 BRIGHT MEADOWS CT**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ DELETE
NAME **TREASURER PAUL ALLEN**
STREET ADDRESS **17000 RED BIRD RD**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE ☐ DELETE
NAME **DIRECTOR BRIAN KOLKA**
STREET ADDRESS **445 W. AMELIA STREET**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ DELETE
NAME **DIRECTOR CATHY HEATON**
STREET ADDRESS **1214 SWEETBRIAR ROAD**
CITY-ST-ZIP **ORLANDO, FL 32806**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

Paul J. Allen PAUL J. ALLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 407-656-0934
Date Daytime Phone #

CR2E037 (12/95)