

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

**P.O. BOX 2003
ORLANDO FL 32802-2003**3. Date Incorporated or Qualified
11/20/19953a. Date of Last Report
03/15/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3348964

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **FOGLESONG, RICHARD**
STREET ADDRESS **1750 CHIPPEWA TRAIL**
CITY-ST-ZIP **MAITLAND FL 32751**11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIPTITLE **VP** ☐ DELETE
NAME **BRADLEY, SCOTT**
STREET ADDRESS **14961 FAVERSHAM CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32826**21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIPTITLE **S** ☐ DELETE
NAME **SHINE, BETTY**
STREET ADDRESS **1760 BRIGHT MEADOWS CT.**
CITY-ST-ZIP **ORLANDO FL 32811**31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIPTITLE **T** ☐ DELETE
NAME **ALLEN, PAUL**
STREET ADDRESS **17000 RED BIRD RD.**
CITY-ST-ZIP **WINTER GARDEN FL 34787**41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **KOLKA, BRIAN**
STREET ADDRESS **445 W. AMELIA STREET**
CITY-ST-ZIP **ORLANDO FL 32801**51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **HEATON, CATAY**
STREET ADDRESS **1214 SWEETBRIAR ROAD**
CITY-ST-ZIP **ORLANDO FL 32806**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 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:

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

1-8-97

407-656-0934

Date

Daytime Phone # 0016134

CR2E037 (9/96)