

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000005528 (3)**

1. Corporation Name

**WELL-CONNECTED COMMUNITY OF CENTRAL FLORIDA, INC**

Principal Place of Business

Mailing Address

**201 S. ROSALIND AVENUE  
ORLANDO FL 32801**

**P.O. BOX 2003  
ORLANDO FL 32802-2003**



3. Date Incorporated or Qualified

**11/20/1995**

4. FEI Number

**59-3348964**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

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

TITLE **P** ☐ DELETE

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

TITLE **VP** ☒ DELETE

NAME **BRADLEY, SCOTT**  
STREET ADDRESS **14961 FAVERSHAM CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **S** ☐ DELETE

NAME **SHINE, BETTY**  
STREET ADDRESS **1760 BRIGHT MEADOWS CT.**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **T** ☐ DELETE

NAME **ALLEN, PAUL**  
STREET ADDRESS **17000 RED BIRD RD.**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☒ DELETE

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

TITLE **D** ☐ DELETE

NAME **HEATON, CATAY**  
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 **DIRECTOR, FOGLESONG, RICHARD**  
1.3 STREET ADDRESS **1750 CHIPPEWA TRAIL**  
1.4 CITY-ST-ZIP **MAITLAND, FL 32751**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **VICE PRESIDENT JIM CALLAHAN**  
2.3 STREET ADDRESS **4100 S. KINKMAN RD., APT 105**  
2.4 CITY-ST-ZIP **ORLANDO, FL 32811**

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 **MANAGING PRESIDENT BABINGTON, TOM**  
5.3 STREET ADDRESS **134 DELLWOOD DRIVE**  
5.4 CITY-ST-ZIP **LAKELAND, FL 32750**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Paul G Allen* **PAUL G. ALLEN**

2-9-98

407-656-0934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)