

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90358 033 ****61.25

DOCUMENT # 731241

1. Entity Name
FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS, INC.



Principal Place of Business
222 S. WESTMONTE DR. #101
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address
P.O. BOX 150127
ALTAMONTE SPRINGS, FL 32715 US

44091670



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292004 Chg-NP CR2E037 (10/03)

4. FEI Number
51-0191642

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAUTTER, TINA
222 S. WESTMONTE DR. #101
ALTAMONTE SPRINGS, FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PACE, RON
STREET ADDRESS 3137 STONEHURST CIR
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE PPD ☒ Delete
NAME MITTAN, JAYNE
STREET ADDRESS 11398 BUCK LK RD
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE PED ☐ Delete
NAME HULLEY, JEFF
STREET ADDRESS 940 NE JUNIPER PL
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE M ☐ Delete
NAME KAUTTER, TINA
STREET ADDRESS 222 S. WESTMONTE DR. #101
CITY-ST-ZIP ALTAMONTE SPRINGS, FL

TITLE TD ☐ Delete
NAME WALTON, BEN
STREET ADDRESS 223 SANTA LUCIA DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PED ☐ Change ☒ Addition
NAME Foard, James
STREET ADDRESS 636 Anchor Rode Rd
CITY-ST-ZIP Naples FL 34103

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ED ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Tina Kautter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

407-774-7880

Daytime Phone #