

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007975

Entity Name: THE FRIENDS OF VOLUNTEERS IN MEDICINE CLINIC, INC.**Current Principal Place of Business:**417 SE BALBOA AVENUE
STUART, FL 34994**Current Mailing Address:**417 SE BALBOA AVENUE
STUART, FL 34994 US**FEI Number:** 65-1064420**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLEAVER, CHARLES
417 SE BALBOA AVENUE
STUART, FL 34994 US*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.***SIGNATURE:** CHARLES CLEAVER

04/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name STEINHAUER, IVINS
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name COCORULLO, MARK
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name CLEAVER, CHARLES
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name CRARY, MICHAEL
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title SECRETARY
Name ETTARI, MARY
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title TREASURER
Name CEA, ROBERT
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name BROMBERG, JORDAN
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title PRESIDENT
Name CONRADES, PATRICIA
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES CLEAVER

DIRECTOR

04/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD EMERITUS
Name FIELD, RICHARD
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name STEINWALD, NANCY
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name ROBBINS, HOWARD
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name SABOL, STUART
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name POWELL, JUDITH
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994

Title VP
Name BYERS, FRANK M JR.
Address 417 SE BALBOA AVENUE
City-State-Zip: STUART FL 34994