

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002720

**Entity Name:** FLORIDA CHAPTER OF AFCC, INC.**Current Principal Place of Business:**8602 SW 5TH PL  
GAINESVILLE, FL 32607**Current Mailing Address:**8602 SW 5TH PL  
GAINESVILLE, FL 32607**FEI Number:** 65-1101147**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GYLLSTROM, HELEN K  
8602 SW 5TH PLACE  
GAINESVILLE, FL 32607 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | PAST PRESIDENT       |
| Name            | KARLAN, SANDY        |
| Address         | 8602 SW 5TH PL       |
| City-State-Zip: | GAINESVILLE FL 32607 |

|                 |                      |
|-----------------|----------------------|
| Title           | TREA                 |
| Name            | GYLLSTROM, HELEN K   |
| Address         | 8602 SW 5TH PL       |
| City-State-Zip: | GAINESVILLE FL 32607 |

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | MORING, JACK A ESQ.  |
| Address         | 8602 SW 5TH PL       |
| City-State-Zip: | GAINESVILLE FL 32607 |

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT-ELECT       |
| Name            | MERLIN, ROBERT J ESQ. |
| Address         | 8602 SW 5TH PL        |
| City-State-Zip: | GAINESVILLE FL 32607  |

|                 |                      |
|-----------------|----------------------|
| Title           | VICE-PRESIDENT       |
| Name            | PATTERSON, ROSE      |
| Address         | 8602 SW 5TH PL       |
| City-State-Zip: | GAINESVILLE FL 32607 |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | SANDERS, JILL PHD    |
| Address         | 8602 SW 5TH PL       |
| City-State-Zip: | GAINESVILLE FL 32607 |

*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: HELEN K GYLLSTROM****TREASURER****04/21/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date