

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007252

FILED
Feb 15, 2024
Secretary of State
2270762546CC

Entity Name: FLAGLER COUNTY FREE CLINIC, INC.

Current Principal Place of Business:

703 EAST MOODY BLVD
BUNNELL, FL 32110

Current Mailing Address:

PO BOX 863
BUNNELL, FL 32110

FEI Number: 20-5036975

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BELLETTI, TERRI
703 EAST MOODY BLVD.
P. O. BOX 863
BUNNELL, FL 32110 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: TERRI BELLETTI

02/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MILIDANTRI, MICHAELYN
Address 13 SENTRY OAK PLACE
City-State-Zip: PALM COAST FL 32137-8057

Title PRESIDENT
Name IHEME, MD, CHIAMA
Address 14 SWEETWATER COURT
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name WAINGANKAR, SHRINIVAS DR.
Address 35 CYPRESS WOOD DRIVE S.
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR-VICE PRESIDENT
Name ATAK, SHARON
Address 1356 LAMBERT AVENUE
City-State-Zip: FLAGLER BEACH, FL 32136 FL 32136

Title DIRECTOR
Name MANSKE, MARJORY
Address 98 FREEMONT TURN
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name JANE, WALKER
Address 703 EAST MOODY BLVD
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR
Name VANDERHYDEN, HELEN
Address 2660 SOUTH CENTRAL AVENUE
City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR
Name LECKIE, JACK
Address 23 MARBELLA COURT
City-State-Zip: PALM COAST FL 32137

Continues on page 2

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: MICHAELYN MILIDANTRI

TREASURER, BOD

02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KENNEDY, MD, MARK
Address PO BOX 863
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR
Name SCHUBERT, ELIZABETH
Address 29 WOODHOLLOW LANE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name MUBARAK, ARNP, ADRIENNE
Address 4126 SALINA LANE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name HARRISON, LAURIE
Address 107 SOUTHLAKE DRIVE
City-State-Zip: PALM COAST FL 32137