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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703092 (7)

1. Corporation Name

CLINIC BENEFIT SOCIETY, INCORPORATED

Principal Place of Business

Mailing Address

C/O WHITE, NOEL
HOFFMAN ST & LEWIS AVE
PENNEY FARMS FL 32079

P.O. BOX 39
HOFFMAN ST & LEWIS AVE
PENNEY FARMS FL 32079
US

3. Date Incorporated or Qualified

10/27/1961

4. FEI Number

59-1001037

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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

WHITE, NOEL, DR.
3495 HOFFMAN STR
PENNY FARMS FL 32079

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOUGHTON, RAY
STREET ADDRESS 4450-E POLING
CITY-ST-ZIP PENNEY FARMS, FL 00000 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TD
NAME LAKE, MARGARET
STREET ADDRESS PENNEY RETIREMENT COMM. G24, PO BOX 176 NA
CITY-ST-ZIP PENNEY FARMS FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☒ Addition

PO Box 176 NA Apt-G-23
Penney Farms, FL 32079

TITLE VD
NAME DOXEY, GEORGE
STREET ADDRESS 4455A POLING
CITY-ST-ZIP PENNEY FARMS, FL 00000 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

-32079

TITLE VD
NAME FLEU, VIRGINIA
STREET ADDRESS QUADRANGLE APT D27
CITY-ST-ZIP PENNEY FARMS, FL 00000 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

Quadrangle Apt B27

-32079

TITLE SD
NAME STEPLER, JEAN
STREET ADDRESS 4435-D WILBANKS
CITY-ST-ZIP PENNEY FARMS FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

-32079

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: X

Ray Houghton, President

4-15-98 (904) 284-8345

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