

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717506 (0)

1. Corporation Name

FLORIDA PEDIATRIC ALUMNI ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O OLIVIA ANN GROVES
P. O. BOX 14161
GAINESVILLE FL 32604

C/O OLIVIA ANN GROVES
P. O. BOX 14161
GAINESVILLE FL 32604

3. Date Incorporated or Qualified
11/05/1969

3a. Date of Last Report
03/02/1995

4. FEI Number

59-6587489

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLMA ANN GROVES
9118 S.W. 122ND STREET
GAINESVILLE 32608**

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEHLE, FREDERICK J JR	
STREET ADDRESS	1420 LAKE LAND HILLS BLVD	
CITY - ST - ZIP	LAKE LAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GROVES, OLIVIA ANN	
STREET ADDRESS	9118 S.W. 122ND STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WALASZEK, SHEILA	
STREET ADDRESS	5618 PGA BLVD., #1614	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORTUNATO, ROSI	
STREET ADDRESS	5419 N.W. 45 LANE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANTER, RONALD J.	
STREET ADDRESS	140 SPRINGBERRY LN	
CITY - ST - ZIP	CHAPEL HILL NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINNELAS, IRA	
STREET ADDRESS	123 VALENCIA LOOP	
CITY - ST - ZIP	ALTAMONTE SPGRS FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D
1.2 NAME	WEHLE, FREDERICK J, JR
1.3 STREET ADDRESS	1420 LAKE LAND HILLS BLVD
1.4 CITY - ST - ZIP	LAKE LAND, FL 33805
2.1 TITLE	S
2.2 NAME	GROVES, OLIVIA ANN
2.3 STREET ADDRESS	9118 SW 122 street
2.4 CITY - ST - ZIP	GAINESVILLE, FL 32608
3.1 TITLE	P
3.2 NAME	WALASZEK, Sheila
3.3 STREET ADDRESS	5618 PGA BLVD, #1614
3.4 CITY - ST - ZIP	ORLANDO, FL 32809
4.1 TITLE	D
4.2 NAME	BUNNELL, WALTER, III
4.3 STREET ADDRESS	1543 Ox Bottom Road
4.4 CITY - ST - ZIP	Tallahassee, FL 32312
5.1 TITLE	D
5.2 NAME	KANTER, RONALD J.
5.3 STREET ADDRESS	140 Springberry Lane
5.4 CITY - ST - ZIP	Chapel Hill, NC 27514
6.1 TITLE	VP
6.2 NAME	PINNELAS, IRA
6.3 STREET ADDRESS	123 VALENCIA LOOP
6.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714

<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Olivia Ann Groves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96

352-392-9315

Date

Daytime Phone #

CR2E037 (12/95)