FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

717506

(0)

FLORIDA PEDIATRIC ALUMNI ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address			- r reant rader tiert janer einit oblie bill aldit bibli Bibli Arbit Arbit Bibli bibli				
C/O OLIVIA ANN GROVES		C/O OLIVIA ANN GROVES			3. (Date Incorporated or Qualified				
P. O. BOX 14161 Gainesville Fl. 32604		P. O. BOX 14161			11/05/1969					
GAINE OVIEDE P	£ 3£004	GAINESVILLE FL 32804				4. 1	FEI Number		A	pplied For
							NOT APPLICABLE		N	lot Applicable
	lace of Business	2a. Mailing Address			5. (Certificate of Status Desired	\$		Additional	
Suite, Apt.	# atc	Suite, Apt. #, etc.			 	Testion Compaign Financia			equired	
22		27				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
City & State	ө	City & State			7.	s this nonprofit corporation a homeow	mers as	sociation	on?	
23		28				☐ Yes D No				
Zip	Country	Zip	3 ·			8. This corporation owes or has paid the current year intangib				
24	25 29 9. Name and Address of Current Registered Agent		30	30			Personal Property Tax due June 30. Name and Address of New Register	Y		No.
 	. Hario and Address of Correct	it negistelen wäellt		81	Name	10.	Manie and Address of New Hegister	on who		
OLDANA A	ANN GROVES			\dashv						
	W. 122ND STREET		82 Street A			ess (P.0	D. Box Number is Not Acceptable)			
	VILLE 32608	\ <u>\</u>								
			ł	84	City			8	5 Zip	Code
			1		•			L	- I '	
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statu of Florida. Such change was	ites, the ab authorized	iove i by	s-named corpo the corporatio	oration on's bo	submits this statement for the purpos pard of directors. I hereby accept the	e of chi appoint	anging ment a:	its registered s registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	Aper	nt signature regulred	d when re	elnstating) DAT	'E		
12.	OFFICERS AN		13.	_	<u> </u>		DDITIONS/CHANGES TO OFFICERS	AND DI	RECTO	R\$ IN 12
TITLE	-		1.1 TIT	1.1 TITLE				XX	Change	Addition
NAME	BARRETT, JOUGLAS M		1.2 NAME		Ва	arre	ett, Douglas J.			
STREET ADDRESS PO BOX 100296			1.3 STREET ADDRESS				•			
CITY-ST-ZIP	GAINESVILLE FL	The section	1,4 CITY-ST-2IP		T- ZIP					1 1 1 1 1 1 1
TITLE	S COOKES OUTBALANK	☐ DELETE	2.1 TITLE		}				Change	☐ Addition
NAME	GROVES, OLIVIA ANN		2.2 NAM							
STREET ADORESS	9118 S.W. 122ND STREET GAINESVILLE FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·					
CITY-ST-ZIP TITLE	VP VP	DELETE	3.1 TITLE			7-6 %	a fill som	ж	Change	Addition
NAME	WEEMS, DIANE Z MD			3.2 NAME				_	C. 12. 13	
STREET ADDRESS	7 MODENA ISLAND DR			3.3 STREET ADDRESS						
CITY-ST-ZIP	0.14.11.11.14.14.04			3.4. CITY - ST - ZIP						
TITLE	D	DELETE	4.1 111						Change	☐ Addition
NAME	BUNNELL, WALTER III		4. 2 NA	ME						
STREET ADDRESS			4.3 STF	4.3 STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CIT		r- ZIP			. , .		
TITLE	D DOWNER TO	☐ DELETE	5.1 717		1			Ц	Change	Addition Addition
NAME	The same same same same same same same sam		1	5.2 NAME 5.3 STREET ADDRESS						
STREET ADDRESS	CHAPEL HILL NC									
CITY-ST-ZIP	P	DELETE	5.4 CIT 6.1 TITI	_				प्रप्र	Change	Addition
NAME	PINNELAS, IRA		6.2 NA		D)			Sinningo	
STREET ADDRESS	400 1141 54014 1 0 0 0			6.3 STREET ADDRESS						
CITY-ST-ZIP	ALTAMONTE SPGRS FL		6.4 CIT		ſ					
		th this filing does not greatly t				2008/00	110 07/2Vi) Florida Statutas I furtha	tik.	Alana ala	o laformatica

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:

livia and Groves

3/24/28 352-392-9315

FILED

Mar 27 1998 8:00am

Secretary of State

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