

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 717506

1. Entity 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVIA ANN GROVES
9118 S.W. 122ND STREET
GAINESVILLE FL 32608

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLOTTE, TERENCE M.D.
PO BOX 100296
GAINESVILLE FL 32610-0296 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GROVES, OLIVIA ANN
9118 S.W. 122ND STREET
GAINESVILLE FL 32610-0296 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROSS, JOHN J MD
P.O. BOX 100296
GAINESVILLE FL 32610-0296 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUNNELL, WALTER III
1543 OX BOTTOM ROAD
TALLAHASSEE FL 32312-3527 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOHNSON, STACEY
509 GORDON AVE.
THOMASVILLE GA 31792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHATZ, DESMOND MD
P.O. BOX 100296
GAINESVILLE FL 32610-0296 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000756218
05/23/07-80022-014 61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Olivia Ann Groves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2007 **352-273**
5329