


FILE NOW: FILING FEE IS \$61.25

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May 20 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 # **748098** (1)

1. Corporation Name

THE FLORIDA STATE SOCIETY OF CYTOLOGY, INC.



Principal Place of Business 17710 NW 160 AVE WILLISTON FL 32696 US	Mailing Address 17710 NW 160 AVE WILLISTON FL 32696 US
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3. Date Incorporated or Qualified

07/17/1979

4. FEI Number

59-2038137

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

24

25

29

30

5. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMESON, SUSAN A
17710 NW 160 AVE
WILLISTON FL 32696**

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	<input type="checkbox"/> DELETE
NAME	GARCIA-MCDOUHAL, ESTELA	
STREET ADDRESS	4737 SW 135 CT	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas, Michael	
1.3 STREET ADDRESS	11477 Tanager Ct	
1.4 CITY-ST-ZIP	Naples, FL 34119	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, MICHAEL	
STREET ADDRESS	11477 Tanager Ct	
CITY-ST-ZIP	NAPLES FL	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pat Beddow	
2.3 STREET ADDRESS	4453 Beechwood Lake Dr.	
2.4 CITY-ST-ZIP	Naples, FL 33962	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BEDDOW, PATRICIA	
STREET ADDRESS	4453 BEECHWOOD LAKE DR	
CITY-ST-ZIP	NAPLES FL	

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cathie Lyons	
3.3 STREET ADDRESS	5000 San Jose Blvd, #99	
3.4 CITY-ST-ZIP	Jacksonville, FL 32209	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ALVAREZ, SUSAN	
STREET ADDRESS	5820 SW 111 TERRACE	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jameson, Susan	
4.3 STREET ADDRESS	17710 NW 160 AVE	
4.4 CITY-ST-ZIP	Williston, FL 32696	

TITLE	S	<input type="checkbox"/> DELETE
NAME	KIELY, VIVIAN	
STREET ADDRESS	500 SW 47 AVE	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Montes, Silvia	
5.3 STREET ADDRESS	225 Noble Dr	
5.4 CITY-ST-ZIP	Longwood, FL 32779	

TITLE	CSD	<input type="checkbox"/> DELETE
NAME	PUSTAI, BILLIE	
STREET ADDRESS	8101 SW 73 AVENUE, #32	
CITY-ST-ZIP	MIAMI FL	

6.1 TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kenned J. McDougal	
6.3 STREET ADDRESS	1721 SW 98th Ave	
6.4 CITY-ST-ZIP	Miami, FL 33165	

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: *[Signature]*

5/1/98 (352) 376-1611 x 6439

CR2E037 (10/97)