

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754720 (1)
1. Corporation Name
FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.



Principal Place of Business Mailing Address
P O BOX 249 P O BOX 249
LAKE CITY FL 32056-7249 LAKE CITY FL 32056-7249

3. Date Incorporated or Qualified 10/17/1980 3a. Date of Last Report 05/01/1995
4. FEI Number 59-2086283 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDSON, JAMES
2080 WEST HWY. 90
LAKE CITY FL 32055

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 *James Richardson - Bd. Pres.* DATE 4/18/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	SD	1.1 TITLE	
NAME	ROBERTS, SHELIA	1.2 NAME	
STREET ADDRESS	P. O. BOX 1989 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	ANDERS, RICHARD H	2.2 NAME	
STREET ADDRESS	1072 JEFFERSON ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	
NAME	RICHARDSON, JAMES	3.2 NAME	
STREET ADDRESS	2080 WEST HWY. 90	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	GUL, GUNEY	4.2 NAME	
STREET ADDRESS	105 SHELBY DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	ROBERSON, SANDY	5.2 NAME	
STREET ADDRESS	P.O. BOX 1687 N/A, 154 NORTH ALACHUA ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	LEE, GAYNELL	6.2 NAME	
STREET ADDRESS	1114 FAIRVIEW ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	6.4 CITY - ST - ZIP	

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)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 904-752-2794
Date Daytime Phone #

CR2E037 (12/95)