

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
LAKE CITY FL 32056-7249

P O BOX 249
LAKE CITY FL 32056-7249



3. Date Incorporated or Qualified

10/17/1980

4. FEI Number

59-2086283

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Hwy. 441 NO. & Allbritton

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lake City, FL 32055

28 City & State

Zip

24 32055

Country

25 Columbia

Zip

29

Country

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

**PATTISON, DOROTHY
RT 8 BOX 465-P
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

Dorothy M Pattison

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

(NOTE: Registered Agent signature required when reinstating)

3-19-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**SD
NAME HERDEGEN, BETTY
STREET ADDRESS RT 12 BOX 12-B
CITY-ST-ZIP LAKE CITY, FL 00000**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

**VD
NAME ANDERS, RICHARD H
STREET ADDRESS 1072 JEFFERSON ST.
CITY-ST-ZIP LAKE CITY FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

**PD
NAME PATTISON, DOROTHY
STREET ADDRESS RT 8 BOX 465-P
CITY-ST-ZIP LAKE CITY FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

**TD
NAME GUL, GUNEY
STREET ADDRESS 105 SHELBY DRIVE
CITY-ST-ZIP LAKE CITY FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D
NAME DEKKLE, ROBERT
STREET ADDRESS RT. 12, BOX 451-B
CITY-ST-ZIP LAKE CITY FL 32025**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D
NAME LEE, GAYNELL
STREET ADDRESS 1114 FAIRVIEW ST.
CITY-ST-ZIP LAKE CITY FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Dorothy M Pattison*

3-19-98

904-755-3058

CR2E037 (10/97)