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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754720

1. Corporation Name

FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.

Principal Place of Business

HWY 441 NO & ALLBRITTON
 LAKE CITY FL 32055
 US

Mailing Address

P O BOX 249
 LAKE CITY FL 32056-7249



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/17/1980

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

9. Name and Address of Current Registered Agent

PATTISON, DOROTHY
 RT 8 BOX 465-P
 LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name

SHELIA ROBERTS

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

RT. 22 BOX 2923

83 City

LAKE CITY,

FL

85 Zip Code
 32024

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 *Shelia G. Roberts*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-18-99

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE SECRETARY ☐ Change ☒ Addition
 2.2 NAME JAMES RICHARDSON
 2.3 STREET ADDRESS 2080 HWY. 90
 2.4 CITY-ST-ZIP LAKE CITY, FL 32055

3.1 TITLE PD ☒ Change ☒ Addition
 3.2 NAME SHELIA ROBERTS
 3.3 STREET ADDRESS RT. 22 BOX 2923
 3.4 CITY-ST-ZIP LAKE CITY, FL 32024

4.1 TITLE TREASURE/D ☐ Change ☒ Addition
 4.2 NAME VICKI TALMADGE
 4.3 STREET ADDRESS RT. 12 BOX 450-B
 4.4 CITY-ST-ZIP LAKE CITY, FL 32055

5.1 TITLE VP ☒ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Shelia G. Roberts* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-99

Date

(904-758-5552)

Daytime Phone #

CR2E037 (11/98)