

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90027 034 \*\*\*\*70.00

**DOCUMENT # 754720**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-2086283**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEKLE, GEORGE ROBERT  
ROUTE 12 BOX 451-B  
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

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, 2005**

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	TD	<input type="checkbox"/> Delete
NAME	PATTISON, DOROTHY	
STREET ADDRESS	RT 8 BOX 465-P	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERDEGEN, BETTY	
STREET ADDRESS	RT. 23 BOX 2295	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, SHELIA	
STREET ADDRESS	RT 22, BOX 2923	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TALMADGE, VICKI	
STREET ADDRESS	RT 12, BOX 450-B	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEKLE, GEORGE ROBERT	
STREET ADDRESS	RT. 12, BOX 451-B	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, GAYNELL	
STREET ADDRESS	1114 FAIRVIEW ST.	
CITY-ST-ZIP	LAKE CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Schaafsma	
STREET ADDRESS	Rt. 2 BOX 357	
CITY-ST-ZIP	lake city, FL 32024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:\*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-05

386-7528054