

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90099 007 \*\*\*\*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 - No P.O. Box #

**173 Albritton Lane**

3. Mailing Address

**P. o. BOX 249**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake City, FL**

City & State

**Lake City, FL**

4. FEI Number

**59-2086283**

Applied For

Not Applicable

Zip

**32055**

Country

**USA/Columbia**

Zip

**32056**

Country

**USA/Columbia**

5. Certificate of Status Desired

☒ XX

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DEKLE, GEORGE ROBERT  
289 SW LOBLOLLY PLACE  
LAKE CITY FL 32024**

7. Name and Address of New Registered Agent

Name

**Larry LaTour**

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

**778 SW Biscayne Glen**

City

**Lake City**

**FL**

Zip Code  
**32025**

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

*Larry J. LaTour*

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	VP	<input type="checkbox"/> Delete
NAME	PATTISON, DOROTHY	
STREET ADDRESS	576 NW SPRING HOLLOW BLVD	
CITY- ST- ZIP	LAKE CITY FL 32055	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERDEGEN, BETTY	
STREET ADDRESS	245 SE RACHEL WAY	
CITY- ST- ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, SHELIA	
STREET ADDRESS	393 SW SHORTLEAF DRIVE	
CITY- ST- ZIP	LAKE CITY FL 32024	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHANFSMA, KEITH	
STREET ADDRESS	10278 SW TUSTENUGEE AVE	
CITY- ST- ZIP	LAKE CITY FL 32024	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEKLE, GEORGE ROBERT	
STREET ADDRESS	289 SW LOBLOLLY LANE	
CITY- ST- ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, GAYNELL	
STREET ADDRESS	632 NE FAIRVIEW STREET	
CITY- ST- ZIP	LAKE CITY FL 32055	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. Keith Schaafsma	
STREET ADDRESS	10278 SW TUSTENUGEE AVE.	
CITY- ST- ZIP	Lake City, FL 32024	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Victoria Talmadge	
STREET ADDRESS	321 SE Fawn Glen	
CITY- ST- ZIP	Lake City, FL 32025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Pattison	
STREET ADDRESS	576 NW Spring Hollow Blvd.	
CITY- ST- ZIP	Lake City, FL 32055	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry LaTour	
STREET ADDRESS	778 SW Biscayne Glen	
CITY- ST- ZIP	Lake City, FL 32025	
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 exemptions contained in Section 119, 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

*Larry J. LaTour*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/23/07*

Daytime Phone #

*386 752 8054*