

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765560 (8)
1. Corporation Name
FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY, INC.



Principal Place of Business
**409 W. MAIN ST.
ARCHER FL 32618-0769
US**

Mailing Address
**P.O. BOX 769
ARCHER FL 32618-0769**

3. Date Incorporated or Qualified
10/26/1982

3a. Date of Last Report
06/08/1995

4. FEI Number
59-2442549

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**CLINEFELTER, KATHRYN B.
409 W. MAIN ST.
ARCHER FL 32618-0769**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
COLLINS, BRIAN
906 SPIVEA DRIVE
ROCKLEDGE FL 32955**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MD
CLINEFELTER, KATHERINE
409 W. MAIN ST.
ARCHER FL 32618-0769**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
SCRIBNER, LINDA H
6522 NW 31ST TERRACE
GAINESVILLE FL 32653**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
BOLT, BARBARA
4420 PONDS DR
COCOA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
RUCKSTUHL, MARIE
1411 BLEMONT DRIVE
ORLANDO FL 32806**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
CARROLL, SONJA
2388 FLINT ROCK DR
CLEARWATER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**D
Collins, Brian
906 Spivea Drive
Rockledge FL 32955**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**MD
Clinefelter, Kathryn
409 W Main St
Archer FL 32618-0769**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**PD
Scribner, Linda H
6522 NW 31st Terr
Gainesville FL 32653**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**S
Debra Schollenberger
10660 NW 19th St
Pembroke Pines FL 33026**

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

**TD
Ruckstuhl, Marie
1411 Belmont Dr
Orlando FL 32806**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**VD
Carroll, Sonja
2388 Flint Rock Drive
Clearwater FL**

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: Kathryn Clinefelter KATHRYN CLINEFELTER 3-11-96 352 495 5061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)