

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90026 028 ****61.25

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DOCUMENT # 765560

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



2. Principal Place of Business

21 17524 SW 75 Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/26/1982

4. FEI Number

59-2442549

Applied For

Not Applicable

City & State

23 Archer FL

City & State

28

Zip Country

24 32618-0769 25 US

Zip Country

29 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

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 Kathryn Clinefelter

82 Street Address (P.O. Box Number is Not Acceptable)
17524 SW 75 Ave

83

84 City Archer

FL

85 Zip Code
32618

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 PD ☒ DELETE
NAME BRANDT-COMER, LINDA
STREET ADDRESS 1355 CHALLEN AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE MD ☐ DELETE
NAME CLINEFELTER, KATHRYN
STREET ADDRESS 17524 SW 75 AVENUE
CITY-ST-ZIP ARCHER FL

TITLE VD ☐ DELETE
NAME RAISLER, M
STREET ADDRESS 1312 BAILLY RD
CITY-ST-ZIP MILTON FL 32583

TITLE S ☐ DELETE
NAME HARRIS, M
STREET ADDRESS 8125 SW 103 AVE
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE TD ☐ DELETE
NAME REA, DORTHY LITTEN
STREET ADDRESS 6300 SW 85 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Ferguson, Sandra
1.3 STREET ADDRESS 9300 S Dadeland Blvd Ste 103
1.4 CITY-ST-ZIP Miami FL 33156-2704

2.1 TITLE MD ☒ Change ☐ Addition
2.2 NAME Clinefelter, Kathryn
2.3 STREET ADDRESS 17524 SW 75 Ave
2.4 CITY-ST-ZIP Archer FL 32618-0769

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Raisler, Mary
3.3 STREET ADDRESS 7009 Trammel Dr
3.4 CITY-ST-ZIP Milton FL 32570

4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME Harris, Monica
4.3 STREET ADDRESS 8125 SW 103 Ave
4.4 CITY-ST-ZIP Gainesville FL 32608-6212

5.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME Rea, Dorothy Litten
5.3 STREET ADDRESS 6300 Sw 85 Ave
5.4 CITY-ST-ZIP Miami FL 33143

6.1 TITLE SD ☐ Change ☒ Addition
6.2 NAME Arey, Rosanna
6.3 STREET ADDRESS 2215 Jose Cir S
6.4 CITY-ST-ZIP Jacksonville FL 32217

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)