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FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00815 (3)

1. Corporation Name

ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE FL 32604
US

C/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE FL 32604
US

3. Date Incorporated or Qualified

01/09/1984

4. FEI Number

59-2406671

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVELY, REBECCA Y.
203 HARVARD RD
ARCHER FL 32618

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOSKA III, A. JAY	
STREET ADDRESS	233 CAPE ARON DRIVE	
CITY-ST-ZIP	CORPUS CHRISTI TX	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zapp, Mark A.	
1.3 STREET ADDRESS	1584 Misty Lake Drive	
1.4 CITY-ST-ZIP	Orange Park, FL 32073	

TITLE	P	<input type="checkbox"/> DELETE
NAME	WISON, G EDWIN	
STREET ADDRESS	401 ROBINSON ST, 401	
CITY-ST-ZIP	ORLANDO FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Faberowski, Lisa	
2.3 STREET ADDRESS	6330 NW 38 Terrace	
2.4 CITY-ST-ZIP	Gainesville, FL 32653	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAPP, MARK	
STREET ADDRESS	1584 MISTY LAKE DR	
CITY-ST-ZIP	ORANGE PARK FL	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wilson, G. Edwin	
3.3 STREET ADDRESS	150 West Reading Way	
3.4 CITY-ST-ZIP	Winter Park, FL 32789	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAVENSTEIN, NIKOLAUS	
STREET ADDRESS	7221 NW 18 AVE	
CITY-ST-ZIP	CORPUS CHRISTI TX	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Duncan, Eddy	
4.3 STREET ADDRESS	4717 SW 85 Drive	
4.4 CITY-ST-ZIP	Gainesville, FL 32608-4110	

TITLE	D	<input type="checkbox"/> DELETE
NAME	UTTERBACK, DAVID B	
STREET ADDRESS	4305 SW 83 WAY	
CITY-ST-ZIP	GAINESVILLE FL	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Myers, Monica	
5.3 STREET ADDRESS	11297 Lake Madrin Circle East	
5.4 CITY-ST-ZIP	Jacksonville, FL 32223	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REDFERN, ROBERT E	
STREET ADDRESS	1126 FRUIT COVE TERR	
CITY-ST-ZIP	JACKSONVILLE FL	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Newsome, Dennis	
6.3 STREET ADDRESS	5400-S164 NW 39 Avenue	
6.4 CITY-ST-ZIP	Gainesville, FL 32606	

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.

SIGNATURE:

Nikolaus Gravenstein 04/29/98

352-392-9486

CP2E037 (10/97)