

DOCUMENT # N01000004395

1. Entity Name

GREATER TALLAHASSEE FIBROMYALGIA SYNDROME & CHRONIC FATIGUE SYNDROME OUTREACH GROUP, INC.

Principal Place of Business

Mailing Address

474 TELOGIA CREEK RD.
QUINCY FL 32351-8701P. O. DRAWER D
GREENSBORO FL 32330-0803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3645995

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

POUCHER, LYNNE L
474 TELOGIA CREEK RD.
QUINCY FL 32351-8701

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.

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

9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laura Wilkinson 103 Winn Cay Dr. Tallahassee, FL 32312 <input type="checkbox"/> Delete P, D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Ernest Volario 1989 Capital Circle NE Ste 10 Tallahassee, FL 32308 <input type="checkbox"/> Delete T, D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicky Weber 420 E. Park Ave #14 Tallahassee, FL 32301 <input type="checkbox"/> Delete V-P, D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathryn Scott 2443 Oakdale St. Tallahassee, FL 32303 <input type="checkbox"/> Delete D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lois Walker 2003 Skyland Dr. Tallahassee, FL 32303 <input type="checkbox"/> Delete D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lynne L. Poucher 474 Telogia Creek Rd. Quincy, FL 32351 <input type="checkbox"/> Delete D, Asst. Treas.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lynne L. Poucher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/02 (850) 442-6434

Daytime Phone #

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-12-2002 90059 019 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)