

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002770

1. Entity Name
FLORIDA LIVER ASSOCIATION, INC.



Principal Place of Business

**605 W. BLOOMINGDALE AVE, STE 1
BRANDON, FL 33511**

Mailing Address

**605 W. BLOOMINGDALE AVE, STE 1
BRANDON, FL 33511**



01072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0653581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHRISTALDI, RONALD A
101 EAST KENNEDY BLVD STE 3400
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000324103
04/22/05-80081-007 61.25

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TATKA, PEGGY
605 W. BLOOMINGDALE AVE STE 1
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ANDERSON, VALERIE
605 W BLOOMINGDALE AVE STE 1
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LINDSEY, DEE
605 W BLOOMINGDALE AVE STE 1
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRISALES, REGINA
605 W BLOOMINGDALE AVE STE 1
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MEREDITH, REGINA
605 W BLOOMINGDALE AVE STE 1
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

04/14/05 813-689-7136