

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25064 (9)

1. Corporation Name

THE FLORIDA MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

Principal Place of Business

Mailing Address

760 RIVERSIDE AVE.
P.O. BOX 2411
JACKSONVILLE FL 32203

760 RIVERSIDE AVE.
P.O. BOX 2411
JACKSONVILLE FL 32203



3. Date Incorporated or Qualified

02/26/1988

3a. Date of Last Report

05/22/1995

4. FEI Number

59-2896690

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, DONALD C
760 RIVERSIDE AVENUE
JACKSONVILLE FL 32203

81 Name AMOROSINO, CHARLES S., JR.

82 Street Address (P.O. Box Number is Not Acceptable)
123 South Adams

83

84 City Tallahassee FL 85 Zip Code 32301

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

Charles S. Amorosino, Jr.

8/1/96

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

(NOTE: Registered Agent signature required when reinstating)

Date

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

TITLE D
NAME JONES, DONALD
STREET ADDRESS 760 RIVERSIDE AVE.
CITY-ST-ZIP JACKSONVILLE FL
☒ DELETE

TITLE PD
NAME TAYLOR, FLORA J
STREET ADDRESS 1302 BUCKWOOD DR
CITY-ST-ZIP ORLANDO FL
☒ DELETE

TITLE PD
NAME REEDER, MEREDITH P
STREET ADDRESS 1125 N LKAE SHORE DR
CITY-ST-ZIP SARASOTA FL
☒ DELETE

TITLE V
NAME HUTTON, MARGE
STREET ADDRESS 2610 HOLLY POINT RD W
CITY-ST-ZIP ORANGE PARK FL
☒ DELETE

TITLE S
NAME WINGO, DIANE
STREET ADDRESS 2137 SE MILLCREEK DR.
CITY-ST-ZIP OCALA FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE (EXECUTIVE V.P. & CEO) D ☐ Change ☒ Addition
1.2 NAME AMOROSINO, CHARLES S., JR.
1.3 STREET ADDRESS 123 South Adams
1.4 CITY-ST-ZIP Tallahassee, FL 32301

2.1 TITLE PRESIDENT D ☐ Change ☒ Addition
2.2 NAME EDISON, JILL
2.3 STREET ADDRESS 5741 S.W. TERRACE
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33312

3.1 TITLE TREASURER D ☐ Change ☒ Addition
3.2 NAME LASCHIED, NANCY
3.3 STREET ADDRESS 372 EDMERE WAY N
3.4 CITY-ST-ZIP NAPLES, FL 33999

4.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
4.2 NAME MOLINET, KATHERINE
4.3 STREET ADDRESS 1837 S.E. 7th STREET
4.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33316

5.1 TITLE SECRETARY ☐ Change ☒ Addition
5.2 NAME WINCHESTER, CAROL
5.3 STREET ADDRESS 1736 TARPON DRIVE
5.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
700001930117
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***61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles S. Amorosino, Jr.

Date

8/1/96

Daytime Phone #

CR2E037 (12/95)