

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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 32203-2411

2. Principal Place of Business

2a. Mailing Address

21 123 S. Adams Street

26 123 S. Adams Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 10269

27 P.O. Box 10269

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

Zip

Zip

24 32302

29 32302

Country

Country

25 Leon

30 Leon

9. Name and Address of Current Registered Agent

AMOROSINO, CHARLES S JR
123 SOUTH ADAMS
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
02/26/1988

3a. Date of Last Report
08/22/1996

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

10. Name and Address of New Registered Agent

81 Name

Donald F. Foy, Sr.

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

123 South Adams Street

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

Donald F. Foy, Sr.

9/30/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CEOD
AMOROSINO, CHARLES S JR
123 SOUTH ADAMS
TALLAHASSEE FL 32301

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
ELLISON, JILL
5741 S.W. TERRACE
FT LAUDERDALE FL 33312

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD
LASCHIED, NANCY
372 EDMERE WAY N
NAPLES FL 33999

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPD
MOLINET, KATHERINE
1837 S.E. 7TH STREET
FT LAUDERDALE FL 33316

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
WINCHESTER, CAROL
1736 TARPON DRIVE
TALLAHASSEE FL 32308

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

CEOD
Donald F. Foy, Sr.
123 South Adams Street
Tallahassee, FL 32301

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

PD
Carol Kinney
333 Tamiami Trail #395
Venice, FL 34285

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TD
Margaret Baga
708 LaGuna Drive
Venice, FL 34285

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

VPD
Emily Hill
4595 Francisco Road
Pensacola, FL 32504

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

S
Rita Seymore
892 SW 35 Lane
Ocala, FL 34474

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

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

14. I do 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: [Signature]

9/30/97

97 OCT -2 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (9/96)