

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25064

FILED
Apr 12, 2005
Secretary of State

Entity Name: THE FLORIDA MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

113 E. COLLEGE AVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

123 S ADAMS STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

P O BOX 10269
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2896690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTHAM, SANDRA B
113 E. COLLEGE AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MORTHAM, SANDRA B
123 S ADAMS STREET
TALLAHASSEE, FL 32301 US

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: _____

04/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EVPD () Delete
Name: MORTHAM, SANDRA B
Address: 113 E. COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: XAVIER, ROSEMARY
Address: 748 LAKESIDE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: PD () Delete
Name: SEYMORE, RITA
Address: 892 SW 35TH LANE
City-St-Zip: OCALA, FL 34474

Title: SD () Delete
Name: ELINOR, PALADINE
Address: 8516 CESSNA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EVPD (X) Change () Addition
Name: MORTHAM, SANDRA B
Address: 123 S ADAMS
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD (X) Change () Addition
Name: XAVIER, ROSEMARY
Address: 748 LAKESIDE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: PD (X) Change () Addition
Name: GRENITZ, ANNE
Address: 11041 NW 7TH STREET
City-St-Zip: PLANTATION, FL 33324

Title: SD (X) Change () Addition
Name: JABLONSKI, NANCY
Address: 205 MAJESTIC OAK DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PED () Change (X) Addition
Name: CHOUINARD, KAREN
Address: 2110 EDGEWATER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE GRENITZ

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date