

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25064

FILED
Apr 24, 2006
Secretary of State

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

Current Principal Place of Business:

123 S ADAMS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

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
123 S ADAMS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: PD () Delete
Name: GRENTZ, ANNE
Address: 11041 NW 7TH STREET
City-St-Zip: PLANTATION, FL 33324

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: PVD (X) Change () Addition
Name: HALE, ELAINE
Address: 1136 GATLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: SD (X) Change () Addition
Name: ANDERSON, ANN
Address: 5124 INAGUA WAY
City-St-Zip: NAPLES, FL 34119

Title: PD (X) Change () 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 Chapter 119, 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: KAREN CHOUINARD

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date