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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27127** (2)

1. Corporation Name

FLORIDA BIOMEDICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

P O BOX 536874
ORLANDO FL 32853-6874
US

P O BOX 536874
ORLANDO FL 32853-6874
US



3. Date Incorporated or Qualified

06/24/1988

4. FEI Number

59-2904766

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDERLAAN, CHARLES M
17921 NW 81 AV
HIALEAH FL 33015

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

CHARLES M VANDERLAAN

4-30-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **VANDERLAAN, CHARLES**
CITY-ST-ZIP **17921 NW 81 AVE**
HIALEAH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **MADEN, BRUCE A**
CITY-ST-ZIP **2493 ANDROS LANE**
FT. LAUDERDALE FL

2.1 TITLE **DIRECTOR (D)** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **HUTSON, BILLIE J II**
CITY-ST-ZIP **1577 HUNTERS STAND RUN**
OVIEDO FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **VD**
STREET ADDRESS **HARTSON, DAVID**
CITY-ST-ZIP **700 WOODLWAN DRIVE**
WINTER SPRINGS FL

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **P, D**
4.3 STREET ADDRESS **JESSICA TRUSSBACH**
4.4 CITY-ST-ZIP **1369 SW ALBATROSS WAY**
PAIM CITY, FL 34990

TITLE ☒ DELETE

NAME **SD**
STREET ADDRESS **FRENSLEY, MARY**
CITY-ST-ZIP **887 PINE RIDGE DRIVE**
PLANTATION FL

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **S, D**
5.3 STREET ADDRESS **PATRICIA Schnoor**
5.4 CITY-ST-ZIP **15645 SW 123 AV.**
MIAMI, FL 33177

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 its 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:

CHARLES M VANDERLAAN

4/30/98 (305)364-2191

CR2E037 (10/97)