

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 AM 9:06

DOCUMENT # N43760 (0)

1. Corporation Name

FIBROMYALGIA ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 14848
GAINESVILLE FL 32604-4848
US

P.O. BOX 14848
GAINESVILLE FL 32604-4848
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1991

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3073779

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WACKERLY, JOAN
4727 NW 19TH PL
GAINESVILLE FL 32605

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME SAGAR, TERRY
STREET ADDRESS P. O. BOX 1033 N/A
CITY-ST-ZIP ALACHUA FL

TITLE TD
NAME RICHARDSON, JUDY
STREET ADDRESS 1614 NW 19TH CIR.
CITY-ST-ZIP GAINESVILLE FL

TITLE PD
NAME HENDLER, MINETTE S.
STREET ADDRESS 2805 NW 38TH ST.
CITY-ST-ZIP GAINESVILLE FL

TITLE D
NAME WACKERLY, JOAN
STREET ADDRESS 4727 NW 19TH PLACE
CITY-ST-ZIP GAINESVILLE FL

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Richardson, Judy
2.3 STREET ADDRESS 1614 NW 19th Circle
2.4 CITY-ST-ZIP Gainesville, FL 32605

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

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

5.1 TITLE TD ☐ Change ☒ Addition
5.2 NAME Jaeger, Robert R.
5.3 STREET ADDRESS 8620 NW 13th St; Lot #420
5.4 CITY-ST-ZIP Gainesville, FL 32653-7992

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

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 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert R. Jaeger

Robert R. Jaeger

3-15-95

904-338-0268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)