

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR -8 PM 3:43

DOCUMENT # N48589 (8)

1. Corporation Name

FLORIDA ADVOCATES FOR NURSING HOME IMPROVEMENT, INC.

Principal Place of Business

620 EDGEWATER DR #503
DUNEDIN FL 34698

Mailing Address

620 EDGEWATER DR #503
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1992

3a. Date of Last Report

02/28/1994

4. FEI Number

59-3124945

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MCLEAN, KEVIN A
4830 W KENNEDY BLVD
SUITE 280
TAMPA FL 33609

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
GORALE, MARY
620 EDGEWATER DR #503
DUNEDIN FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
GORALEWSKI, DANIEL J.
326 ANGUS
PENDLETON OR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
RUSH, MARY GREGORIA
7811 SOCIAL CIRCLE 'C' CIRCLE
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
MICHAEL A. KNOX
~~600 S. HYDE PARK AVE~~
~~TAMPA FL 33606-2205~~

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
SUTCLIFFE, FRAN
8429 GULFPORT S
ST PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MCLEAN, KEVIN A
4830 W KENNEDY BLVD
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TD Michael A. Knox
6023 S. 2nd Street
Tampa FL 33611

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 no signature.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-95

(813) 831-0689