

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
04/24/1992

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3124945

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GORALE, MARY**
STREET ADDRESS **620 EDGEWATER DR #503**
CITY-ST-ZIP **DUNEDIN FL**

TITLE **VP** ☐ DELETE
NAME **GORALEWSKI, DANIEL J.**
STREET ADDRESS **326 ANGUS**
CITY-ST-ZIP **PENDLETON OR**

TITLE **S** ☒ DELETE
NAME **RUSH, MARY GREGORIA**
STREET ADDRESS **7811 SOCIAL CIRCLE "C" CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE
NAME **MICHAEL A. KNOX**
STREET ADDRESS **6023 S 2ND ST**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **SUTCLIFFE, FRAN**
STREET ADDRESS **6429 GULFPORT S**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **MCLEAN, KEVIN A**
STREET ADDRESS **4830 W KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FL**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

George Pollack
607 S. Westland Ave
Tampa FL 33606

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 119.07(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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/96 (813) 831-0689

CR2E037 (12/95)