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Feb 04 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 # **N48589** (8)

1. Corporation Name

FLORIDA ADVOCATES FOR NURSING HOME IMPROVEMENT, INC.

Principal Place of Business

Mailing Address

**620 EDGEWATER DR #503
DUNEDIN FL 34698**

**620 EDGEWATER DR #503
DUNEDIN FL 34698**

3. Date Incorporated or Qualified

04/24/1992

4. FEI Number

59-3124945

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

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 **D** ☐ DELETE

NAME **HECKATORN, VIRGINIA**
STREET ADDRESS **621 FLORIDA PARK DR**
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**

1.1 TITLE

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

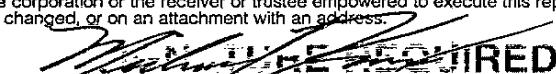
6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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: 

1-28-98

813-835-1022

CR2E037 (10/97)