

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001899

FILED  
Jan 13, 2005  
Secretary of State

**Entity Name:** THE FLORIDA RURAL HEALTH ASSOCIATION, INC.

**Current Principal Place of Business:**

16407 NW 174TH DR  
SUITE D  
ALACHUA, FL 32616 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2157  
ALACHUA, FL 32616 US

**New Mailing Address:**

**FEI Number:** 59-3193317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MESH, MARILYN  
16407 NW 174TH DR  
SUITE D  
ALACHUA, FL 32615 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROWN, ROBBY  
Address: 4445 MARION STREET  
City-St-Zip: MARIANNA, FL 32696

Title: S ( ) Delete  
Name: HABER, SHARON  
Address: 6763 LAND O LAKES BLVD.  
City-St-Zip: LAND O LAKES, FL 34639

Title: V ( ) Delete  
Name: DUKE, DAVID  
Address: PO BOX 1289  
City-St-Zip: TAMPA, FL 33601

Title: T ( ) Delete  
Name: STAUFFER, PATTI  
Address: PO BOX 016700 (R-700)  
City-St-Zip: MIAMI, FL 33101

Title: D ( ) Delete  
Name: PURCELL, JAMES  
Address: 1201 S MAIN STREET  
City-St-Zip: BELLE GLADE, FL 33430

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BROWN, ROBBY  
Address: 4445 MARION STREET  
City-St-Zip: MARIANNA, FL 32696

Title: S (X) Change ( ) Addition  
Name: MESH, MARILYN  
Address: PO BOX 2157  
City-St-Zip: ALACHUA, FL 32616

Title: PD (X) Change ( ) Addition  
Name: DUKE, DAVID  
Address: PO BOX 1289  
City-St-Zip: TAMPA, FL 33601

Title: V (X) Change ( ) Addition  
Name: STAUFFER, PATTI  
Address: PO BOX 016700 (R-700)  
City-St-Zip: MIAMI, FL 33101

Title: T (X) Change ( ) Addition  
Name: PETERS, JOE  
Address: 5725 CORPORATE WAY, SUITE 102  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN MESH

S

01/13/2005

Electronic Signature of Signing Officer or Director

Date