

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001899

FILED
Jan 05, 2007
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: D () Delete
Name: SUSAN, GAY
Address: 4052 BALD CYPRESS WAY BIN C15
City-St-Zip: TALLAHASSEE, FL 323991735

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: LEEDS, MARILYN
Address: PO BOX 881
City-St-Zip: SOUTH BAY, FL 33493

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SCHMIDT, SHARON
Address: 328 S. CENTRAL AVE
City-St-Zip: APOPKA, FL 32703

Title: T (X) Change () Addition
Name: REINHARDT, J. RUDY
Address: 1200 W AVON BLVD. STE 109
City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOE PETERS

P

01/05/2007

Electronic Signature of Signing Officer or Director

Date