

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001899

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE FLORIDA RURAL HEALTH ASSOCIATION, INC.

Current Principal Place of Business:

2340 HANSEN LANE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

14646 NW 151ST BLVD
ALACHUA, FL 32615 US

Current Mailing Address:

2340 HANSEN LANE
TALLAHASSEE, FL 32301 US

New Mailing Address:

14646 NW 151ST BLVD
ALACHUA, FL 32615 US

FEI Number: 59-3193317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINSHUTTLE, ROBERT J
2340 HANSEN LANE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MESH, MARILYN J
14646 NW 151ST BLVD
ALACHUA, FL 32615 US

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: MARILYN MESH

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: ED (X) Delete
Name: REINSHUTTLE, ROBERT J
Address: 2340 HANSEN LANE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARILYN MESH

MGR

04/16/2009

Electronic Signature of Signing Officer or Director

Date