2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2011
Secretary of State

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Entity Name: THE FLORIDA RURAL HEALTH ASSOCIATION, INC.

Current Principal Place of Business:

14646 NW 151ST BLVD
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

14646 NW 151ST BLVD
ALACHUA, FL 32615 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 J
14646 NW 151ST BLVD
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: VP
Name: PETERS, JOE
Address: 5725 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

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

Title: P
Name: GADDIS, DIANE
Address: 140 FOUNTAIN PKWY SUITE 210
City-St-Zip: ST PETERSBURG, FL 33716

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON SCHMIDT S 01/25/2011

Electronic Signature of Signing Officer or Director Date