

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 10 PM 12:11

DOCUMENT # N94000006008 (6)
1. Corporation Name

FLORIDA SOCIETY FOR CLINICAL LABORATORY SCIENCE
EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

9 GOLF CIRCLE, NE
WINTER HAVEN FL 33881

Mailing Address

9 GOLF CIRCLE, NE
WINTER HAVEN FL 33881

3. Date incorporated or Qualified
12/06/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3039918

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election, Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRON, DORIS C
9 GOLF CIRCLE, NE
WINTER HAVEN FL 33881

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
TAYLOR, ROBBIE
928 15TH ST. NE
WINTER HAVEN FL 33881

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SIMMONS, JOAN
3620 TIGER POINT BLVD.
GULF BREEZE FL 32561

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
FERRON, DORIS C
9 GOLF CIRCLE, NE
WINTER HAVEN FL 33881

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SECRETARY D

1.2 NAME

SHARON McCLEDON

1.3 STREET ADDRESS

1230 MEIGS DRIVE

1.4 CITY - ST - ZIP

NICEVILLE, FL 32578

☐ Change ☒ Addition

2.1 TITLE

TREASURER D

2.2 NAME

CATHY WEHLING

2.3 STREET ADDRESS

1010 ROCKY BAYOU RD

2.4 CITY - ST - ZIP

NICEVILLE, FL 32578

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018076

CR2E037 (3/96)