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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001677

1. Corporation Name

FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC

Principal Place of Business

225 US HWY 27 SOUTH
LAKE PLACID FL 33852

Mailing Address

POST OFFICE BOX 3267
LAKE PLACID FL 33862



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		04/07/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0576197	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GOSSMAN, JEANNE G
225 US HIGHWAY 27 SOUTH
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSSMAN, JEANNE G	1.2 NAME	MARY ALICE TILLMAN
STREET ADDRESS	225 US HWY., 27 SOUTH	1.3 STREET ADDRESS	5229 WEST GALE LAKE
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, WILLIAM J	2.2 NAME	JEANNE G. GOSSMAN
STREET ADDRESS	225 US HWY., 27 SOUTH	2.3 STREET ADDRESS	225 US HWY 27, S.
CITY-ST-ZIP	LAKE PLACID FL 33852	2.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMINGS, JAMES	3.2 NAME	KEN CETHA
STREET ADDRESS	675 HARVARD STREET	3.3 STREET ADDRESS	1707 EAST OAK STREET
CITY-ST-ZIP	BROOKSVILLE FL 34601	3.4 CITY-ST-ZIP	ALCAVIA, FL 33821
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TILLMAN, MARY A	4.2 NAME	GREG GLASS
STREET ADDRESS	6199 GULF TO LAKE HWY	4.3 STREET ADDRESS	1203 GOVERNORS SQUARE BLVD STE. 302
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REXROAT, GARY	5.2 NAME	RENEE SMITH
STREET ADDRESS	P.O. BOX 640 N/A	5.3 STREET ADDRESS	2661 US HWY 90, W.
CITY-ST-ZIP	TRENTON FL 32693	5.4 CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BETH WHITE
STREET ADDRESS		6.3 STREET ADDRESS	2300 S. FIRST ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAKE CITY, FL 32055

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-99

941/699-9977

Date

Daytime Phone #

CR2E037 (11/98)