

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001677

1. Entity 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**



03192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0576197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000096993
03/26/04-80020-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GOSSMAN, JEANNE G 225 US HWY., 27 SOUTH LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CETIN, KEN 1110 E GIBSON ST ARCADIA, FL 33821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, GREG 1203 GOVERNS SQUARE BLVD STE. 302 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLMAN, MARY ALICE 5229 WEST GALA LANE DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, MARYLOU 7205 NW 47TH COURT GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04 863/698-9977
Date Daytime Phone #