

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001677

FILED  
Feb 14, 2008  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC.

**Current Principal Place of Business:**

515 CARLTON STREET  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 3267  
LAKE PLACID, FL 33862

**New Mailing Address:**

**FEI Number:** 65-0576197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOSSMAN, JEANNE G  
515 CARLTON ST  
WAUCHULA, FL 33873 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: TS ( ) Delete  
Name: GOSSMAN, JEANNE G  
Address: 515 CARLTON ST  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: CETIN, KEN  
Address: 1110 E GIBSON ST  
City-St-Zip: ARCADIA, FL 33821

Title: D ( ) Delete  
Name: GLASS, GREG  
Address: 1203 GOVERNS SQUARE BLVD STE. 302  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: TILLMAN, MARY ALICE  
Address: 5229 WEST GALA LANE  
City-St-Zip: DUNNELLON, FL 34433

Title: P ( ) Delete  
Name: WEBER, MARYLOU  
Address: 7205 NW 47TH COURT  
City-St-Zip: GAINESVILLE, FL 32606

**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: JEANNE G. GOSSMAN

TS

02/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date