

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001677

FILED
Apr 24, 2009
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

04/24/2009

Electronic Signature of Signing Officer or Director

Date