

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90108 050 ***61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0576197**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TS** ☐ Delete
NAME **GOSSMAN, JEANNE G**
STREET ADDRESS **225 US HWY., 27 SOUTH**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GERN, KEN**
STREET ADDRESS **1110 E GIBSON ST**
CITY-ST-ZIP **ARCADIA FL 33821**

TITLE ☐ Change ☒ Addition
NAME **CETIN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GLASS, GREG**
STREET ADDRESS **1203 GOVERNS SQUARE BLVD STE. 302**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TILLMAN, MARY ALICE**
STREET ADDRESS **5229 WEST GALA LANE**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **WEBER, MARYLOU**
STREET ADDRESS **7205 NW 47TH COURT**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

JEANNE G GOSSMAN **SIGNATURES REQUIRED**

3-24-03 863/698-9977

CR2E037 (10/02)