

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

**FILED
Apr 30, 2004 8:00 am
Secretary of State**

04-30-2004 90338 023 ****61.25

DOCUMENT # N98000003393



1. Entity Name
FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS
FOUNDATION, INC.

Principal Place of Business
222 SOUTH WESTMONTE DR., STE. 101
ALTAMONTE SPRINGS, FL 32714

Mailing Address
222 SOUTH WESTMONTE DR., STE. 101
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

KAUTTER, MARTINE E
222 SOUTH WESTMONTE DR., STE. 101
ALTAMONTE SPRINGS, FL 32714

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

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

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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD, TERRY	NAME	Mittan, Jayne
STREET ADDRESS	2001 HWY. 20 E.	STREET ADDRESS	11398 Buck Lake Rd
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP	Tallahassee FL 32317
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULLEY, JEFFREY R	NAME	Davis, Richard Jr
STREET ADDRESS	940 NE JUNIPER PL	STREET ADDRESS	3616 SW 186th St
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	Newberry FL 32669
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERBERT, DEBI	NAME	Slusher, Harold
STREET ADDRESS	101 ABALONE LANE W.	STREET ADDRESS	6762 Candlewood Drive
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	Fort Myers FL 33919
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSSMAN, GARY	NAME	
STREET ADDRESS	515 CARLTON ST.	STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA, FL 33873	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUTTER, MARTINE	NAME	Kautter, Martine E
STREET ADDRESS	222 S. WESTMONTE DR., STE 101	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	
TITLE	ST. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTARI, MARY	NAME	
STREET ADDRESS	12863 SOUTH INDIAN RIVER DR.	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	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: Martine E. Kautter

4/28/04

407-774-7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #