

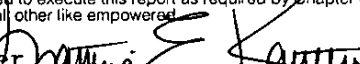


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90098 033 ****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.		03272006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3526721	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAUTTER, MARTINE E 222 SOUTH WESTMONTE DR., STE. 101 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CD NAME MITTAN, JAYNE STREET ADDRESS 11398 BUCK LAKE RD CITY-ST-ZIP TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE Pace, Ron NAME 3137 Stonehurst Circle STREET ADDRESS Kissimmee FL 34741 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME DAVIS, RICHARD JR STREET ADDRESS 3616 SW 186TH ST. CITY-ST-ZIP NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Delete		TITLE D NAME Holcombe, Charise STREET ADDRESS 9702 SW 67th Dr CITY-ST-ZIP Gainesville FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME SLUSHER, HAROLD STREET ADDRESS 6762 CANDLEWOOD DRIVE CITY-ST-ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KAUTTER, MARTINE E STREET ADDRESS 222 S. WESTMONTE DR., STE 101 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 			Date: 4/5/06		Daytime Phone #: 407-774-7880
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					