2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003393

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

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

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02122007 Chg-NP	CR2E037 (12/06)
City & State	City & State	**4.** FEI Number 59-3526721	Applied For / Not Applicable
Zip / Country	Zip / Country	**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
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, 2007**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

U00000709518
04/25/07-80006-013 61.25

10. OFFICERS AND DIRECTORS			**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE CD NAME PACE, RON STREET ADDRESS 3137 STONEHURST CIR CITY-ST-ZIP KISSIMMEE, FL 34741	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME HOLCOMBE, CHARISE STREET ADDRESS 9702 SW 67TH DR CITY-ST-ZIP GAINESVILLE, FL 32608	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE STD NAME SLUSHER, HAROLD STREET ADDRESS 6762 CANDLEWOOD DRIVE CITY-ST-ZIP FORT MYERS, FL 33919	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME KAUTTER, MARTINE E STREET ADDRESS 222 S. WESTMONTE DR., STE 101 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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   *Martine E. Kautter*   4/10/07   407-774-7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #