

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90058 039 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112008 Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3526721

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

**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, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
PACE, RON
3137 STONEHURST CIR
KISSIMMEE, FL 34741** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLCOMBE, CHARISE
9702 SW 67TH DR
GAINESVILLE, FL 32608** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Funk, Michael L
5638 Dewberry Way
West palm Beach FL 33415** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SLUSHER, HAROLD
6762 CANDLEWOOD DRIVE
FORT MYERS, FL 33919** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Kirby, Amy K
11603 SW 6th Ln
Gainesville FL 32607** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAUTTER, MARTINE E
222 S. WESTMONTE DR., STE 101
ALTAMONTE SPRINGS, FL 32714** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Date

407-774-7880

Daytime Phone