

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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90173 012 \*\*\*\*61.25

**DOCUMENT # N98000003393**



1. Entity Name  
**FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS FOUNDATI  
ON, 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

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

**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 **D** ☒ Delete  
NAME **STROHMAN, BARRY**  
STREET ADDRESS **1107 LINWOOD LOOP**  
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **D** ☐ Change ☒ Addition  
NAME **Arnold, Terry**  
STREET ADDRESS **2001 Hwy 20 E**  
CITY-ST-ZIP **Niceville FL 32578**

TITLE **C** ☐ Delete  
NAME **HULLEY, JEFFREY R**  
STREET ADDRESS **940 NE JUNIPER PL**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☒ Change ☐ Addition  
NAME **Gerbert, Debi**  
STREET ADDRESS **101 Abalone Lane W**  
CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE **D** ☒ Delete  
NAME **BYRNES, JOHN**  
STREET ADDRESS **1303 N ORANGE AVENUE**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☐ Change ☒ Addition  
NAME **Gerbert, Debi**  
STREET ADDRESS **101 Abalone Lane W**  
CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE **D** ☒ Delete  
NAME **WHIGHAM, WILLIAM**  
STREET ADDRESS **1035 ADMIRAL CROSSING**  
CITY-ST-ZIP **ALPHARETTA GA 30202**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Gossman, Gary**  
STREET ADDRESS **515 Carlton St**  
CITY-ST-ZIP **Wauchula FL 33873**

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

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

TITLE **D** ☐ Delete  
NAME **ETTARI, MARY**  
STREET ADDRESS **12863 SOUTH INDIAN RIVER DR.**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **ST** ☒ Change ☐ Addition  
NAME **ETTARI, MARY**  
STREET ADDRESS **12863 SOUTH INDIAN RIVER DR.**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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**

4/11/03

407-774-7880

CR2E037 (10/02)