

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757774

Entity Name: THE FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.**Current Principal Place of Business:**2340 HANSEN LANE
TALLAHASSEE, FL 32301**Current Mailing Address:**2340 HANSEN LANE
TALLAHASSEE, FL 32301 US**FEI Number: 59-2559163****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BEHRMAN, ANDREW R
2340 HANSEN LANE
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, / PAST CHAIRMAN
Name BURNS, BAKARI
Address 232 NORTH ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR, / VICE-CHAIR
Name RIELS, ANITA
Address 911 SOUTH MAIN STREET
City-State-Zip: TRENTON FL 32693

Title CFO
Name PORTERFIELD, SAMUEL D
Address 2340 HANSEN LANE
City-State-Zip: TALLAHASSEE FL 32301

Title PARLIAMENTARIAN
Name GERVASI, MIKE DR.
Address EDWIN W. BROWN BUILDING
4450 SOUTH TIFFANY DRIVE
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR, / CHAIR
Name MABE, PAT
Address 1344 22ND STREET SOUTH
City-State-Zip: ST PETERSBURG FL 33712

Title DIRECTOR, / TREASURER
Name NEASMAN, ANNIE
Address 5607 NW 27TH AVE
City-State-Zip: MIAMI FL 33142

Title SECRETARY
Name LINDER, ROBERT
Address 3601 FEDERAL HIGHWAY
City-State-Zip: MIAMI FL 33137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL D. PORTERFIELD**CFO****01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date