

2014 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:** No**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, / CHAIRMAN
Name BURNS, BAKARI
Address 232 NORTH ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32805

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

Title DIRECTOR, / PAST CHAIR
Name FRAZIER, ROSALYN
Address 5010 HOLLYWOOD BLVD SUITE 100-B
City-State-Zip: HOLLYWOOD FL 33021

Title PARLAMENTARIAN
Name TURNER, DON
Address 2200 NORTH PALAFOX STREET
City-State-Zip: PENSACOLA FL 32501

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

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

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

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****01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date