

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002334

**Entity Name:** FINGER LAKES MIGRANT HEALTH CARE PROJECT, INC

**Current Principal Place of Business:**

14 MAIDEN LANE  
PENN YAN, NY 14527

**Current Mailing Address:**

PO BOX 423  
PENN YAN, NY 14527

**FEI Number: 16-1581104**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COOPER, TAMMY  
7774 NAVARRE PARKWAY  
#1214  
NAVARRE, FL 32566 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 CFO  
Name SLACK, ANNE  
Address PO BOX 423  
City-State-Zip: PENN YAN NY 14527

Title CEO  
Name ZELAZNY, MARY  
Address PO BOX 423  
City-State-Zip: PENN YAN NY 14527

Title DOO  
Name DUEL, LAWREEN  
Address PO BOX 423  
City-State-Zip: PENN YAN NY 14527

*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: ANNE SLACK**

**CFO**

**06/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date