

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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: Yes

Name and Address of Current Registered Agent:

BELLO, CARMEN I
11852 NORTHWEST 55TH STREET
CORAL SPRINGS, FL 33076 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: CARMEN I BELLO

09/28/2021

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 E SLACK

CFO

09/28/2021

Electronic Signature of Signing Officer/Director Detail

Date