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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731046 (9)

1. Corporation Name
FLORIDA PHARMACY ASSOCIATION, INC.



Principal Place of Business 610 NORTH ADAMS STREET TALLAHASSEE FL 32301	Mailing Address 610 NORTH ADAMS STREET TALLAHASSEE FL 32301-1114
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/06/1974	3a. Date of Last Report 09/06/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0248221	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BODKIN, LARRY E
11033 WILDLIFE TRAIL
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name MICHAEL A. JACKSON
82 Street Address (P.O. Box Number is Not Acceptable) 1229 RHONDA DRIVE
83
84 City NICEVILLE FL 85 Zip Code 32578

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Michael A. Jackson* **EXECUTIVE VICE PRESIDENT** **1/21/97**
Signature of registered agent required when applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POWERS, JAMES B.	
STREET ADDRESS	3219 THOMASVILLE ROAD, #18-D	
CITY - ST - ZIP	TALLAHASSEE FL 32312-2917	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KOIMSTO, JAMES H	
STREET ADDRESS	4133 UNIVERSITY BLVD S. #1	
CITY - ST - ZIP	JACKSONVILLE FL 32216	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	BODKIN, LARRY E	
STREET ADDRESS	11033 WILDLIFE TRAIL	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NICHOLS, REBECCA R	
STREET ADDRESS	120 STATE ROAD 419	
CITY - ST - ZIP	WINTER SPRINGS FL 32708-2695	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael Jackson	
3.3 STREET ADDRESS	1229 Rhonda Dr	
3.4 CITY - ST - ZIP	Niceville FL 32578	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael A. Jackson* **MICHAEL A. JACKSON** **3/11/97** **(904) 222-2400**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone # 0007272

CR2E037 (9/96)