


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90013 001 ***228.75

DOCUMENT # 731046

1. Entity 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**

66000202



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01042005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**JACKSON, MICHAEL A
 610 NORTH ADAMS STREET
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael A. Jackson* **MICHAEL A. JACKSON**
 EXECUTIVE VICE PRESIDENT

DATE 1/4/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	FALLON, LEO	
STREET ADDRESS	17158 SE 78 PARLANGE TERRACE	
CITY-ST-ZIP	THE VILLAGES, FL 33991	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	JACKSON, MICHAEL A	
STREET ADDRESS	6440 JUSTIN GRANT TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOYLES, GLENN	
STREET ADDRESS	3252 HARNESS CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	CUOMO, THOMAS	
STREET ADDRESS	2124 SW 11TH CT	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TOLLE, THERESA	
STREET ADDRESS	5797 TREASURE LANE	
CITY-ST-ZIP	GRANT, FL 32949	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOMAKA, NOLMAN	
STREET ADDRESS	1977 PLAYER CIRCLE NINTH	
CITY-ST-ZIP	MELBOURNE, FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLES, GLENN	
STREET ADDRESS	3252 HARNESS CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY PETSOJ	
STREET ADDRESS	618 MADISON AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920-2213	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERESA TOLLE	
STREET ADDRESS	5797 TREASURE LANE	
CITY-ST-ZIP	GRANT, FL 32949	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMBERTO MARTINEZ	
STREET ADDRESS	14217 SW 45TH STREET	
CITY-ST-ZIP	MIAMI FLORIDA 33175-4316	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael A. Jackson* **MICHAEL A. JACKSON** DATE 1/4/05 (850) 222-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #