

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 25 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01282008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-0248221** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACKSON, MICHAEL A 610 NORTH ADAMS STREET TALLAHASSEE, FL 32301		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 _____ DATE _____
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALLON, LEO <input type="checkbox"/> Delete 17158 SE 78 PARLANGE TERRACE THE VILLAGES, FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D FALLON, LEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17158 SE 78 PARLANGE TERRACE THE VILLAGES, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP JACKSON, MICHAEL A <input type="checkbox"/> Delete 6440 JUSTIN GRANT TRAIL TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100125760121 04/25/08--01007--007 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, GOAR <input type="checkbox"/> Delete 5831 SW 88TH TERRACE COOPER CITY, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PETSOS, KATHY <input checked="" type="checkbox"/> Delete 618 MADISON AVENUE CAPE CANAVERAL, FL 329202213	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DON BERGEMANN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 214 HOLLOW OAK COURT TALPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONE, MICHAEL A <input type="checkbox"/> Delete 8240 MARKET BLVD #2304 CHANHASSEN, MN 55317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUZANNE KELLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2299 SCENIC HWY R-7 PENACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, KARIN <input checked="" type="checkbox"/> Delete 1612 HUNTINGTON PL SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D TOMAKA, NORMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1977 PLAYER CIRCLE N MELBOURNE, FL 32935

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/29/08 850222-2400

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