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Mar 14 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 # 748891 (9)
1. Corporation Name
FLORIDA PUBLIC HEALTH ASSOCIATION, INC.



Principal Place of Business 2589 PARK ST. JACKSONVILLE FL 32204-4554	Mailing Address 2589 PARK ST. JACKSONVILLE FL 32204-4554
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3. Date Incorporated or Qualified 09/12/1979	3a. Date of Last Report 03/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2200250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HARVEY, ROBERT J
2589 PARK ST.
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME YACHT, MARC	
STREET ADDRESS 10841 LITTLE RD. STE. A	
CITY-ST-ZIP NEWPORT RICHEY FL 34654	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME BUMPUS, ELIZABETH	
STREET ADDRESS 2200 RINGLING BLVD.	
CITY-ST-ZIP SARASOTA FL 34237	
TITLE VD	<input type="checkbox"/> DELETE
NAME GALVIN, DAVID	
STREET ADDRESS 3920 MICHIGAN AVE.	
CITY-ST-ZIP FT. MYERS FL 33872	
TITLE SD	<input type="checkbox"/> DELETE
NAME UNSICKER, DELORES	
STREET ADDRESS 653-1 WEST EIGHT ST.	
CITY-ST-ZIP JACKSONVILLE FL 32208	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME SMITH, GREGG	
STREET ADDRESS 325 WEST GAINES, STE. 414	
CITY-ST-ZIP TALLAHASSEE FL 32399	
TITLE D	<input type="checkbox"/> DELETE
NAME HARVEY, ROBERT J	
STREET ADDRESS 2589 PARK ST.	
CITY-ST-ZIP JACKSONVILLE FL 32204	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Warren McDougale, BA	
1.3 STREET ADDRESS Env Hea Dir Gadsen CHD	
1.4 CITY-ST-ZIP Tallahassee, FL 32399-0700	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Bill Little, Administrator	
2.3 STREET ADDRESS Sarasota CHD Box 2658	
2.4 CITY-ST-ZIP Sarasota, FL 34230	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Jennie Hefelfinger, Med, CHES	
3.3 STREET ADDRESS Communications & Health Pro	
3.4 CITY-ST-ZIP 1317 Winewood Blvd Tallahassee, FL 32399	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Jerry Wynn, Administrator	
4.3 STREET ADDRESS Gadsen CHD	
4.4 CITY-ST-ZIP Tallahassee, FL 32399-0700	
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.

CR2E037 (9/96)

Handwritten signature and date: 904-24-0221