


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90066 019 ****61.25

DOCUMENT # 748891

1. Entity Name
FLORIDA PUBLIC HEALTH ASSOCIATION, INC.



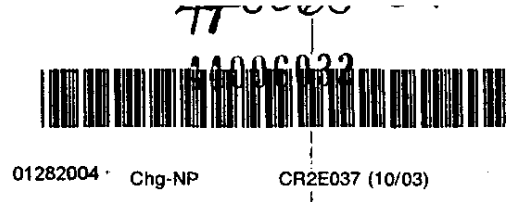
Principal Place of Business
**1605 PEBBLE BEACH BLVD.
 GREEN COVE SPRINGS, FL 32043 US**

Mailing Address
**1605 PEBBLE BEACH BLVD.
 GREEN COVE SPRINGS, FL 32043 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



4. FEI Number
59-2200250

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MAGYAR, SANDRA F
 1605 PEBBLE BEACH BLVD.
 GREEN COVE SPRINGS, FL 32043**

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 _____ 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, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RICHMOND, GREG 832 WEST CENTRAL BLVD. ORLANDO, FL 32085	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED RICHARDSON, BARBARA P.O. BOX 2157 ALACHUA, FL 32616	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEBERLEIN-LARSON, LEA 3602 SPECTRUM BLVD. TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NAPIER, MIKE 1105 E. KENNEDY BLVD. TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXDD MAGYAR, SANDRA 1605 PEBBLE BEACH BLVD. GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BARBARA RICHARDSON, Ph.D. 2750-102 NW 43RD ST. GAINESVILLE, FL 32610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-ELECT JUDY PERKIN, Ph.D. 4527 ST. JOHNS BLUFF Rd. SOUTH JACKSONVILLE, FL 32224-2645	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHERI BRAMMER 1875 BOGGY CREEK RD - KISSIMMEE, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MIKE NAPIER 400 WEST AIRPORT BLVD SANFORD, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sandra F. Magyar (SANDRA F. MAGYAR) 1/28/04 904-529-1401


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #

Attachment 1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 44006031

DOCUMENT # P03000157439

1. Entity Name
The Innovative Learning Place Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6436 San Juan Avenue

3. Mailing Address
6436 San Juan Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville FL

Zip
32210

Country
US

4. FEI Number
04-3613034

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Eloise Denise Peterson

Street Address (P.O. Box Number Is Not Acceptable)
6436 San Juan Avenue

City
Jacksonville

State
FL

Zip Code
32210

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 *Eloise Denise Peterson* DATE *1/28/04*

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE <i>CEO</i>	NAME <i>ELOISE DENISE PETERSON</i>	STREET ADDRESS <i>6436 San Juan Avenue</i>	CITY-ST-ZIP <i>JACKSONVILLE, FL 32210</i>

DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eloise Denise Peterson* DATE *1/28/04*

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

CR2E034B (12/02)

Attachment

#PO3000157439
44006031

1/28/04
Was unclear on which
Form to send. Therefore, I
sent them both.

Info I received was very
vague.

Dense
904-693-0003