


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90039 040 ****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 - 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	
MAGYAR, SANDRA F 1605 PEBBLE BEACH BLVD. GREEN COVE SPRINGS, FL 32043				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, NICK		NAME	MIKE NAPIER	
STREET ADDRESS	3190 RIVER RD		STREET ADDRESS	1605 PEBBLE BEACH BLVD	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	PE	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPIER, MIKE		NAME	FRANK MEYERS	
STREET ADDRESS	400 WEST AIRPORT BLVD		STREET ADDRESS	1605 PEBBLE BEACH BLVD	
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALFINGER, YVONNE H		NAME	LORI JORDAN (JORDAN)	
STREET ADDRESS	3125 CONNLER BLVD BLDG 9		STREET ADDRESS	1605 PEBBLE BEACH BLVD	
CITY-ST-ZIP	TALLAHASSEE, FL 323991650		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	T	<input type="checkbox"/> Delete	TITLE	2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ROBIN		NAME		
STREET ADDRESS	2801 KENNEDY ST		STREET ADDRESS	1605 PEBBLE BEACH BLVD	
CITY-ST-ZIP	RALATKA, FL 32177		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	EXDD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGYAR, SANDRA		NAME	SAME	
STREET ADDRESS	1605 PEBBLE BEACH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Sandra F Magyar</i> / SANDRA F MAGYAR		Date: 1-18-08		Daytime Phone #: 904-524-1401	

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01152008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2200250 Applied For Not Applicable

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