

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748891

FILED
Jan 25, 2009
Secretary of State

Entity Name: FLORIDA PUBLIC HEALTH ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2200250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAPIER, MIKE
Address: 1605 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PE () Delete
Name: MEYERS, FRANK
Address: 1605 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S () Delete
Name: JORDAHL, LORI
Address: 1605 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T () Delete
Name: WRIGHT, ROBIN
Address: 1605 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: EXDD () Delete
Name: MAGYAR, SANDRA
Address: 1605 PEBBLE BEACH BLVD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEYERS, FRANK
Address: 1605 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PE (X) Change () Addition
Name: HOLT, DOUG
Address: 1605 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: AMRHEIN, DEANNA
Address: 1605 PEBBLE BEACH BLVD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA F. MAGYAR

EXDD

01/25/2009

Electronic Signature of Signing Officer or Director

_____ Date