

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Aug 07 1997 8:00am
 Secretary of State

DOCUMENT # 766523 (5)
 1. Corporation Name
 THE PINELLAS COUNTY VOLUNTARY HEALTH ASSOCIATION S, INC.



Principal Place of Business Mailing Address
 9721 EXECUTIVE CENTER DRIVE NORTH STE. 210 ST. PETERSBURG FL 33702 US
 9721 EXECUTIVE CENTER DRIVE NORTH STE. 210 ST. PETERSBURG FL 33702 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1983		3a. Date of Last Report 04/25/1996	
2. Principal Place of Business 21 6160 Central Ave. Suite, Apt. #, etc. 22 St. Petersburg FL		2a. Mailing Address 26 6160 Central Ave. Suite, Apt. #, etc. 27 St. Petersburg FL	
4. FEI Number 59-2246944		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 33707	25 USA	28 33707	30 USA

9. Name and Address of Current Registered Agent RANDALL, NANCY 9721 EXECUTIVE CENTER DRIVE NORTH STE. 210 ST. PETERSBURG FL 33702		10. Name and Address of New Registered Agent 81 Name Nancy Whitlock 82 Street Address (P.O. Box Number is Not Acceptable) 6160 Central Ave. 83 84 City St. Petersburg FL 85 Zip Code 33707	
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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 Nancy Whitlock (NOTE: Registered Agent signature required when reinstating) DATE 7-23-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	WHITLOCK, NANCY 6160 CENTRAL AVENUE ST. PETERSBURG FL	1.1 TITLE S/D	← (Nancy whitlock) 33707
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VCDT	ROTH, DIANNE 3725 W. GRACE ST., STE. 225 TAMPA FL	2.1 TITLE C/D	April Taylor 9455 Koger Blvd #100 St. Petersburg FL 33702
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	RANDALL, NANCY 9721 EXECUTIVE CENTER DR. NORTH, STE. 210 ST. PETERSBURG FL 33702	3.1 TITLE T/D	Robert C. Swain 9600 Koger Blvd #203 St. Petersburg FL 33702
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE D	Carla A. Skolburg 9721 Executive Center Dr. N. #210 St. Petersburg FL 33702
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE Nancy Whitlock DATE 7-23-97 813-347-6133

CFR2E037 (4/97)