

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000058

FILED
Jan 12, 2006
Secretary of State

Entity Name: FLORIDA ASSOCIATION HEALTH OCCUPATION STUDENTS OF AMERICA, INC.

Current Principal Place of Business:

FLORIDA HOSA
16407 NW 174TH DR SE D
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

PO BOX 2157
ALACHUA, FL 326162157

New Mailing Address:

FEI Number: 52-1227790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVAULT, WILLIAM LLOYD
16407 NW 174TH DRIVE STE D
ALACHUA, FL 32615 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: D () Delete
Name: DAVIDSON, BETTY
Address: PO BOX 1180
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: YOST, DOTTIE
Address: 1710 E GIBSON ST
City-St-Zip: ARCADIA, FL 338218722

Title: P () Delete
Name: HOLLIDAY, JANE
Address: RT 10 BOX 258
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: FORTNER, BOBBI
Address: 1 RAIDER PLACE
City-St-Zip: PLANT CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: FINK, LAURA
Address: 10101 SW 152ND ST
City-St-Zip: MIAMI, FL 33157

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DOTTIE YOST

D

01/12/2006

Electronic Signature of Signing Officer or Director

Date