

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 711862 (3)**

1. Corporation Name

**FLORIDA VOLUNTARY HEALTH ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2258 PAUL RUSSELL CIRCLE  
TALLAHASSEE FL 32301-6100  
US

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TALLAHASSEE FL 32301-6100  
US

3. Date Incorporated or Qualified  
**11/30/1966**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 3709 W. Jetton Ave.

26 same, c/o Amer. Cancer Soc.

4. FEI Number  
**59-1269028**

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
Attn: Dorothy Green

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23 City & State  
Tampa, FL

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24 Zip  
33629

25 Country  
USA

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOLLUM, PEGGY  
423 EAST VIRGINIA STREET  
TALLAHASSEE FL 32301

81 Name

**Dorothy Green**

82 Street Address (P.O. Box Number is Not Acceptable)

**c/o Amer. Cancer Society**

83

**3709 W. Jetton Ave.**

84 City

**Tampa**

**FL**

85 Zip Code  
**33629**

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 *Dorothy Green*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, PETE	
STREET ADDRESS	9455 KOGER BLVD. 117	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KESSLER, SANDRA	
STREET ADDRESS	5526 ARLINGTON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GREEN, DOROTHY	
STREET ADDRESS	3709 W. JETTON AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIGGS, ROBERT	
STREET ADDRESS	1010 EXECUTIVE CENTER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARLTON, NANCY	
STREET ADDRESS	1101 N. LAKE DESTINY ROAD #415	
CITY-ST-ZIP	MAITLAND FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	MCCOLLUM, PEGGY	
STREET ADDRESS	2258 PAUL RUSSELL CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sarah Jordan-Holmes	
1.3 STREET ADDRESS	1211 N. Westshore Blvd., #204	
1.4 CITY-ST-ZIP	Tampa, FL 33607	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hadkell Gates	
2.3 STREET ADDRESS	1040 Woodcock Rd., #119	
2.4 CITY-ST-ZIP	Orlando, FL 32803	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dorothy Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy Green, Sec.-Treas.

Date

**4/10/96**

Daytime Phone #

CR2E037 (12/95)