

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 711862 (3)
1. Corporation Name

FLORIDA VOLUNTARY HEALTH ASSOCIATION, INC.
c/o Dorothy D. Green

Principal Place of Business

Mailing Address

3709 W JETTON AVE
TAMPA FL 33629
US

3709 W JETTON AVE
TAMPA FL 33629
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

GREEN, DOROTHY
3709 W JETTON AVE
TAMPA FL 33629

3. Date Incorporated or Qualified

11/30/1966

4. FEI Number

59-1269028

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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
NAME HOLMES, SARAH J
STREET ADDRESS 1211 N WESTSHORE BLVD 204
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE P
NAME KESSLER, SANDRA
STREET ADDRESS 5528 ARLINGTON ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE ST
NAME GREEN, DOROTHY
STREET ADDRESS 3709 W. JETTON AVE.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME GRIGGS, ROBERT
STREET ADDRESS 1010 EXECUTIVE CENTER DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE V
NAME CARLTON, NANCY
STREET ADDRESS 1101 N. LAKE DESTINY ROAD #415
CITY-ST-ZIP MAITLAND FL

☐ DELETE

TITLE D S
NAME HADKELL, GATES
STREET ADDRESS 1040 WOODCOCK RD 119
CITY-ST-ZIP ORLANDO FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 28, 1998

Date

Daytime Phone #

813-253-
0541 X 410

FILED
Aug 05 1998 8:00am
Secretary of State



CR2E037 (5/98)