

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90099 025 ****61.25

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DOCUMENT # 711862

1. Corporation Name

FLORIDA VOLUNTARY HEALTH ASSOCIATION, INC.

Principal Place of Business

3709 W JETTON AVE
TAMPA FL 33629
US

Mailing Address

3709 W JETTON AVE
TAMPA FL 33629
US*Attn: Dorothy Green*

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

GREEN, DOROTHY
3709 W JETTON AVE
TAMPA FL 33629

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

*Dorothy Green, Secretary/Treasurer**Jan 13, 1999*

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 ☐ DELETE
NAME **H P HOLMES, SARAH J**
STREET ADDRESS **1211 N WESTSHORE BLVD 204**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ DELETE
NAME **K D KESSLER, SANDRA**
STREET ADDRESS **5526 ARLINGTON ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ DELETE
NAME **ST GREEN, DOROTHY**
STREET ADDRESS **3709 W. JETTON AVE.**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ DELETE
NAME **D GRIGGS, ROBERT**
STREET ADDRESS **1010 EXECUTIVE CENTER DR**
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ DELETE
NAME **V CARLTON, NANCY**
STREET ADDRESS **1101 N. LAKE DESTINY ROAD #415**
CITY-ST-ZIP **MAITLAND FL**TITLE ☐ DELETE
NAME **D HADKELL, GATES**
STREET ADDRESS **1040 WOODCOCK RD 119**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **H Holmes, SARAH J.**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Kessler, SANDRA**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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, with all other like empowered.

SIGNATURE:

*Dorothy Green, Secretary/Treasurer**Jan 13, 1999*

813-253-

0541 X 410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)