

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 # 713060 (2)

1. Corporation Name

FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**7880 LEJEUNE DR.
P O BOX 1495
PENSACOLA FL 32597**

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P O BOX 1495
PENSACOLA FL 32597**

3. Date Incorporated or Qualified
07/12/1967

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-6204888

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**

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

**TENNANT, BILLY
4 TEAKWOOD CIRCLE
PENSACOLA FL 32506**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **HEBER, SHARON**
STREET ADDRESS **844 FARMER BRANCH RD**
CITY-ST-ZIP **WHIGHAM GA**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **ROSE, JOAN B, PhD**
1.3 STREET ADDRESS **16531 FORREST LAKE**
1.4 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **S** ☒ DELETE
NAME **VAN ROO, MARGOT R**
STREET ADDRESS **1300 S LECANTO HWY**
CITY-ST-ZIP **LECANTO FL**

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **GRIMM, ERIC J, MPA**
2.3 STREET ADDRESS **3270 AFFIRMED COURT**
2.4 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **T** ☐ DELETE
NAME **PACE, CYNTHIA A**
STREET ADDRESS **3186 WHITNEY DR EAST**
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME **BROWN, CYNTHIA A**
3.3 STREET ADDRESS **3186 WHITNEY DR EAST**
3.4 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **PP** ☒ DELETE
NAME **LEWIS, JORDAN D**
STREET ADDRESS **7302 W POCAHONTAS AVE**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE **PP** ☐ Change ☒ Addition
4.2 NAME **VINCENT, ROBERT G, RS, MPA**
4.3 STREET ADDRESS **3479 KNOX TERRACE**
4.4 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **D** ☐ DELETE
NAME **WORZALLA, DIANN**
STREET ADDRESS **400 W. ROBINSON ST. N. TOWER, STE. 509**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE **1st V** ☒ Change ☐ Addition
5.2 NAME **WORZALLA, DIANN S, RS, MPA**
5.3 STREET ADDRESS **1480 ROOSEVELT AVE #304**
5.4 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☒ DELETE
NAME **GALVIN, DAVID**
STREET ADDRESS **4839 GLOUCESTER CT**
CITY-ST-ZIP **FT MYERS FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **HARRISS, BART, RS**
6.3 STREET ADDRESS **317 LIVE OAK BLVD**
6.4 CITY-ST-ZIP **SANFORD FL 32773**

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: **Cynthia A. Brown, RS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/96

(904) 488-4070

Daytime Phone #

CR2E037 (12/95)

FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.

ADDITIONAL OFFICERS & DIRECTORS

1995-96

Title	Officers & Directors	Street Address	City/State/Zip
PE	Bodager, Dean, RS	1068 Beckstrom Dr.	Oviedo, FL 32765
2nd V	Kloser, Paul C.	2961 SW Sunset Trace Circle	Palm City, FL 34990
S	Coulter, Edith	3711 Shamrock W, #205B	Tallahassee, FL 32308
D	Dennison, Stephen J, RS	4868 Brandywine Dr.	Boca Raton, FL 33487
D	Hammond, Roberta M, PhD	125 Cadiz St.	Tallahassee, FL 32301
D	Luther, Charles E, RS	515-B E. Church St.	DeLand, FL 32724
C	Washam, Robert B, RS, MPH	2425 NE Gardner Terr.	Jensen Beach, FL 34957


B. G. Tennant, R.S.
Executive Director, FEHA

January 19, 1996