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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

3. Date Incorporated or Qualified: 07/12/1967
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 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

TENNANT, BILLY
4 TEAKWOOD CIRCLE
PENSACOLA FL 32506

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 Billy Tennant 1-10-97
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	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ROSE, JOAN B. PHD		1.2 NAME	BODAGER, DEAN, RS	
STREET ADDRESS	16531 FORREST LAKE		1.3 STREET ADDRESS	1068 BECKSTROM DR	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIMM, ERIC J. MPA		2.2 NAME		
STREET ADDRESS	3270 AFFIRMED COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	BROWN, CYNTHIA A		3.2 NAME	DENNISON, STEPHEN J, RS	
STREET ADDRESS	3186 WHITNEY DR E		3.3 STREET ADDRESS	4868 BRANDYWINE DR	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PP	☒ DELETE	4.1 TITLE	PP	☒ Change ☐ Addition
NAME	VINCENT, ROBERT G. RS/M		4.2 NAME	ROSE, JOAN B, PhD	
STREET ADDRESS	3479 KNOX TERR		4.3 STREET ADDRESS	16531 FORREST LAKE	
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-ST-ZIP	TAMPA FL 33624	
TITLE	V	☒ DELETE	5.1 TITLE	PE	☒ Change ☐ Addition
NAME	WORZALLA, DIANN S. RS/MP		5.2 NAME	WORZALLA, DIANN S, RS, MPA	
STREET ADDRESS	1480 ROOSEVELT AVE, #304		5.3 STREET ADDRESS	415 STONEHOUSE RD	
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP	TALLAHASSEE FL 32301-3357	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HARRISS, BART RS		6.2 NAME		
STREET ADDRESS	317 LIVE OAK BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 Stephen J Dennison 1-10-97