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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713060** (2)
1. Corporation Name
FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.



Principal Place of Business 7880 LEJEUNE DR. P O BOX 1495 PENSACOLA FL 32597	Mailing Address 7880 LEJEUNE DR. P O BOX 1495 PENSACOLA FL 32597
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3. Date Incorporated or Qualified 07/12/1967
4. FEI Number 59-6204888
Applied For ☐ Yes ☒ Not Applicable

2. Principal Place of Business 21 13228 MORAN DR. Suite, Apt. #, etc. 22 PO BOX 271823 City & State 23 TAMPA FL Zip 24 33688	2a. Mailing Address 25 13228 MORAN DR. Suite, Apt. #, etc. 27 PO BOX 271823 City & State 28 TAMPA FL Zip 29 33688
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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

9. Name and Address of Current Registered Agent TENNANT, BILLY 4 TEAKWOOD CIRCLE PENSACOLA FL 32508	
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10. Name and Address of New Registered Agent 81 Name CARSEY, SELDON L. 82 Street Address (P.O. Box Number is Not Acceptable) 13228 MORAN DR 83 84 City TAMPA, FL 85 Zip Code 33618	
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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 Seldon L. Carsey, RS 1-12-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BODAGER, DEAN R 1068 BECKSTROM DR OVIEDO FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMM, ERIC J. MPA 3270 AFFIRMED COURT TALLAHASSEE FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENNISON, STEPHEN J R 4868 BRANDYWINE DR BOCA RATON FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP ROSE, JOAN B P 16531 FORREST LAKE TAMPA FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE WORZALLA, DIANN S. RS/MP 415 STONEHOUSE RD TALLAHASSEE FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISS, BART RS 317 LIVE OAK BLVD SANFORD FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P WORZALLA, DIANN S, RS, MPA 5860 FLINT LOCK LOOP TALLAHASSEE FL 32311 ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D BROWN, CYNTHIA A, RS 3186 WHITNEY DR E TALLAHASSEE FL 32308 ☐ Change ☒ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PP BODAGER, DEAN R, RS, MPA 1068 BECKSTROM DR OVIEDO FL 32765 ☒ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PE WASHAM, ROBERT B, RS, MPH 2425 NE GARDNER TERR JENSEN BEACH, FL 34957 ☐ Change ☒ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D MAYER, TIMOTHY G, RS 2405 WILLAMETTE RD TALLAHASSEE FL 32303 ☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, 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: Seldon L. Carsey, RS 1-12-98 (813) 962-0176

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