2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# 713060

Entity Name: FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.

Current Principal Place of Business:

3953 CALLE DE SANTOS
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

Current Mailing Address:

3953 CALLE DE SANTOS
TALLAHASSEE, FL 32311 US

New Mailing Address:

3539 APALACHEE PKWY
#215
TALLAHASSEE, FL 32311 US

FEI Number: 59-6204888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, JENNIFER M RSMPH
3953 CALLE DE SANTOS
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MINSHEW, PAUL	
Address:	758 FOXHOUND DR.	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	T	( ) Delete
Name:	HOLCOMB, DALE MPH	
Address:	8417 OLDE POST ROAD	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	PE	( ) Delete
Name:	O'BYRNE, PUAL	
Address:	12406 KELLY PLACE	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	D	( ) Delete
Name:	HEXTELL, PAUL RS	
Address:	PO BOX 953516	
City-St-Zip:	LAKE MARY, FL 32795	
Title:	D	( ) Delete
Name:	STEELE, CRYSTAL	
Address:	3755 US HWY, 331 NORTH	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	D	( ) Delete
Name:	KNIGHT, STEPHEN	
Address:	PO BOX 1064	
City-St-Zip:	LAKE CITY, FL 62056	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PP	(X) Change ( ) Addition
Name:	MINSHEW, PAUL	
Address:	758 FOXHOUND DR.	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	O'BYRNE, PUAL	
Address:	12406 KELLY PLACE	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PE	(X) Change ( ) Addition
Name:	MAYER, TIMOTHY	
Address:	4704 LUCE ROAD	
City-St-Zip:	LAKELAND, FL 33813	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE HOLCOMB T 02/17/2004

Electronic Signature of Signing Officer or Director — Date