2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
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:

3539 APALACHEE PKWY
#215
TALLAHASSEE, FL 32311 US

New Mailing Address:

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: PP ( ) Delete
Name: O'BYRNE, PAUL
Address: 12406 KELLY PLACE
City-St-Zip: THORNOTOSSASSA, FL 33592

Title: T ( ) Delete
Name: HOLCOMB, DALE MPH
Address: 8417 OLDE POST ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: P ( ) Delete
Name: MAYER, TIM
Address: 4704 LUCE ROAD
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: MINSHEW, PAUL RS
Address: 758 FOXHOUND DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: ED ( ) Delete
Name: WILLIAMS, JENNIFER
Address: 3953 CALLE DE SANTOS
City-St-Zip: TALLAHASSEE, FL 32311

Title: PE ( ) Delete
Name: WASHINGTON, JOREAN
Address: 1366 LEROY COURT
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change ( ) Addition
Name: MAYER, TIMOTHY R MPH
Address: 4704 LUCE ROAD
City-St-Zip: LAKELAND, FL 33813 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: WAHINGTON, JOREAN
Address: 1366 LEROY COURT
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change ( ) Addition
Name: HARRISS, BART
Address: 317 LIVE OAK BLVD.
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JENNIFER WILLIAMS ED 04/03/2006

Electronic Signature of Signing Officer or Director — Date