

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 04, 2011**  
**Secretary of State**

DOCUMENT# 713060

**Entity Name:** FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.**Current Principal Place of Business:**134 N WEATHERSFIELD AVE  
ALTAMONTE SPRINGS, FL 32716 US**New Principal Place of Business:**134 N WEATHERSFIELD AVE  
ALTAMONTE SPRINGS, FL 32714 US**Current Mailing Address:**P O BOX 160848  
ALTAMONTE SPRINGS, FL 32714**New Mailing Address:**P O BOX 160848  
ALTAMONTE SPRINGS, FL 32716 US**FEI Number:** 59-6204888**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CRUZ, SONIA  
134 N WEATHERSFIELD AVE  
ALTAMONTE SPRINGS, FL 32716 US**Name and Address of New Registered Agent:**CRUZ, SONIA  
134 N WEATHERSFIELD AVE  
ALTAMONTE SPRINGS, FL 32714 US

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: SONIA CRUZ

05/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TUCKER-DISNEY, GALE  
Address: 900 UNIVERSITY BV N #300  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: T  
Name: DUFFEK, KIM  
Address: 400 W ROBINSON ST, STE 529E  
City-St-Zip: ORLANDO, FL 32801

Title: VP  
Name: MAY, SHAUN  
Address: 108 PERDIDO CIR  
City-St-Zip: NICEVILLE, FL 32578

Title: PP  
Name: TURNER, SCOTT RS, MPA  
Address: 10950 BERKSHIRE LANE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ED  
Name: CRUZ, SONIA PHD  
Address: 134 N WEATHERSFIELD AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PE  
Name: HENRY, CHARLES H RS, MPA  
Address: 1301 CATTLEMEN, BLDG A  
City-St-Zip: SARASOTA, FL 34232

I hereby 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 all other like empowered.

SIGNATURE: GALE TUCKER-DISNEY

P

05/04/2011

Electronic Signature of Signing Officer or Director

Date