

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 716011 (2)**  
1. Corporation Name  
**JACKSONVILLE HEALTH EDUCATION PROGRAMS, INC.**



Principal Place of Business  
**653-1 W. 8TH ST.  
JACKSONVILLE FL 32209  
US**

Mailing Address  
**P.O. BOX 44226  
JACKSONVILLE FL 32231-4226  
US**

3. Date Incorporated or Qualified  
**02/06/1969**

3a. Date of Last Report  
**02/13/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-0858068</b>		Applied For Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

## 9. Name and Address of Current Registered Agent

**HALL, CAROLYN G.  
653-1 W. 8TH ST.  
JACKSONVILLE FL 32209**

## 10. Name and Address of New Registered Agent

81	Name	<b>NEUMANN, PAMELA A.</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>653-1 W. 8th ST.</b>	
83			
84	City	<b>JACKSONVILLE</b>	85 Zip Code <b>FL 32209</b>

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 *Pamela A. Neumann* **Pamela A. Neumann** **3/14/96**  
(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	<b>DC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRCHFIELD, W.O.</b>	1.2 NAME	
STREET ADDRESS	<b>653-1 W 8TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYAN, J. SHEPARD JR.</b>	2.2 NAME	
STREET ADDRESS	<b>653-1 W 8TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAY, WILLIAM W</b>	3.2 NAME	
STREET ADDRESS	<b>653-1 W 8TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>MD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, CAROLYN G</b>	4.2 NAME	<b>NEUMANN, PAMELA A</b>
STREET ADDRESS	<b>653-1 W. 8TH ST.</b>	4.3 STREET ADDRESS	<b>653-1 W. 8th ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, EMMET JR. M.D.</b>	5.2 NAME	
STREET ADDRESS	<b>1515 MAY STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEHN, ROGER M DDS</b>	6.2 NAME	
STREET ADDRESS	<b>653-1 W 8TH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William O. Birchfield* **William O. Birchfield, Director** **3/16/96** **904-549-3240**  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone

CR2E037 (12/95)