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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90195 025 \*\*\*\*61.25

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DOCUMENT # 716011

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/06/1969

4. FEI Number

59-0858068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

NEUMANN, PAMELA A  
653-1 W. 8TH ST.  
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME BIRCHFIELD, W.O.  
STREET ADDRESS 653-1 W 8TH ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE MD ☐ DELETE

NAME NEUMANN, PAMELA A  
STREET ADDRESS 653-1 W. 8TH ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME GAY, WILLIAM W  
STREET ADDRESS 653-1 W 8TH ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME FERGUSON, EMMET JR. M.D.  
STREET ADDRESS 1515 MAY STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME HEHN, ROGER M DDS  
STREET ADDRESS 653-1 W 8TH ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Pamela A Neumann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

904-549-3240

Date

Daytime Phone #

CR29F037 (11/98)