


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 716011	
1. Entity 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
--	---

DO NOT WRITE IN THIS SPACE



07122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0858068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEUMANN, PAMELA A 653-1 W. 8TH ST. JACKSONVILLE, FL 32209

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
---	------------

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000167933 07/23/04-80002-009 61.25
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BARBOUR, JEPHTHA F 653-1 W 8TH ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD NEUMANN, PAMELA A 653-1 W. 8TH ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILBERT, PHILIP H 653-1 W 8TH ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERGUSON, EMMET JR. M.D. 1515 MAY STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEHN, ROGER M DDS 653-1 W 8TH ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Pamela A. Neumann</u> Pamela A. Neumann	7/12/04	904-244-3240
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>