

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 047 ****61.25

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**

2. Principal Place of Business

3. Mailing Address
653-1 W. 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2nd Floor/LRC

City & State

City & State
Jacksonville, FL

Zip

Country

Zip
32209-6511

Country
USA

02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0858068

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
NAME **BARBOUR, JEPHTHA F**
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 **VD** ☐ Delete
NAME **FERGUSON, EMMET JR. M.D.**
STREET ADDRESS **1515 MAY STREET**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **STD** ☐ 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Pamela A Neumann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06

Date

904-244-3240

Daytime Phone #