2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| 1. Entity Nam | MENT #716011 VILLE HEALTH EDUCATI | | | 3-01-2006 | 90015 047 | 7 ****61 | 1.25 | | |
|--|---|--|--|--|------------------|---|---------------------------------------|--|--|
| Principal Place 653-1 W. 8TI JACKSONVILL | | Mailing Address P.O. BOX 44226 JACKSONVILLE, FL 32231 | 1-4226 US | | Bitti | Brail Gram Bisk a | BIGIT DI DIL GCOT | 1111 E4 (4 D1 | |
| 2. Principal P | tace of Business | 3. Mailing Address 653-1 W. 8th Street | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 2nd Floor/LRC | | 02022006 CI | hg-NP | CR2E037 | (11/05) | | |
| City & State | | City & State Jacksonville, FL | | 4. FEI Number 59-085806 | 68 | | | plied For t Applicable | |
| Zip | Country | Zíp 32209-6511 | Country USA | 5. Certificate of St | atus Desired | | 8.75 Add | itional | |
| | 6. Name and Address of Current | | | 7. Name and Add | ress of New R | | | | |
| NEUMANN | J PAMELA A | | Name | | - | | | | |
| NEUMANN, PAMELA A 653-1 W. 8TH ST. JACKSONVILLE, FL 32209 | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | |
| ** | | | City | | | FL | Zip Code | 9 | |
| | named entity submits this statement fo ions of registered agent. | r the purpose of changing its reg | gistered office or regis | stered agent, or both, in | the State of Flo | rida, I am far | miliar with, | and accept | |
| SIGNATURE . | | | <u> </u> | | | | | | |
| | Signature, byped or protect name of regretared epont | and tria if engine bla (MOTE: Da | accioned Amont eigneture room | urod when temetalmal | | DATE | | | |
| ••*** | Signature, typed or printed name of registered egent | and title if applicable (NOTE: Re | egistered Agent signature requ | rred when reinstating) | * | DATE | · · · · · · · · · · · · · · · · · · · | 141 | |
| | Signature, typed or printed name of registered egent Filling Fee Is \$61.25 Due by May 1, 2006 | 9. Election Campa Trust Fund Conf | aign Financing | \$5.00 May Be Added to Fees | | DATE ake check p ida Departm | | | |
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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: Kamela a Vannam SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06