


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90066 019 \*\*\*\*61.25

<b>DOCUMENT # 748891</b> 1. Entity Name <b>FLORIDA PUBLIC HEALTH ASSOCIATION, INC.</b>					
Principal Place of Business <b>1605 PEBBLE BEACH BLVD. GREEN COVE SPRINGS, FL 32043 US</b>			Mailing Address <b>1605 PEBBLE BEACH BLVD. GREEN COVE SPRINGS, FL 32043 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2200250</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAGYAR, SANDRA F 1605 PEBBLE BEACH BLVD. GREEN COVE SPRINGS, FL 32043</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>RICHMOND, GREG 832 WEST CENTRAL BLVD. ORLANDO, FL 32085</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT BARBARA RICHARDSON, Ph.D. 2750-102 NW 43RD ST. GAINESVILLE, FL 32610</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <b>RICHARDSON, BARBARA P.O. BOX 2157 ALACHUA, FL 32616</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT-ELECT JUDY PERKIN, Ph.D. 4527 ST. JOHNS BLUFF Rd. SOUTH JACKSONVILLE, FL 32224-2645</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>HEBERLEIN-LARSON, LEA 3602 SPECTRUM BLVD. TAMPA, FL 33612</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY SHERI BRAMMER 1875 BOGGY CREEK RD - KISSIMMEE, FL 34744</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>NAPIER, MIKE 1105 E. KENNEDY BLVD. TAMPA, FL 33602</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER MIKE NAPIER 400 WEST AIRPORT BLVD SANFORD, FL 32773</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXDD <b>MAGYAR, SANDRA 1605 PEBBLE BEACH BLVD. GREEN COVE SPRINGS, FL 32043</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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.					
<b>SIGNATURE:</b> <u>Sandra F. Magyar</u> ( <b>SANDRA F. MAGYAR</b> ) <u>1/28/04</u> <u>904-529-1401</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #</small>					

*Attachment 1*

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

*44006031*

DOCUMENT # *P03000157439*

1. Entity Name

*The Innovative Learning Place Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*6436 San Juan Avenue*

3. Mailing Address

*6436 San Juan Avenue*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Jacksonville FLA*

City & State

*Jacksonville FLA*

4. FEI Number

*04-3613034*

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Eloise Denise Peterson*

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

*6436 San Juan Avenue*

City

*Jacksonville*

FL

Zip Code

*32210*

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

*Eloise Denise Peterson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/28/04*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>CEO</i>
NAME	<i>ELOISE DENISE PETERSON</i>
STREET ADDRESS	<i>6436 San Juan Avenue</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FLA 32210</i>
TITLE	
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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)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Eloise Denise Peterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/28/04*

Daytime Phone #

CR2E034B (12/02)

Attachment

#P03000157439  
44006031

1/28/04  
Was unclear as to which  
Form to send. Therefore, I  
sent them both.

Info I received was very  
vague.

Dense  
904-693-0003