

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755576

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** THE FLORIDA PHARMACY FOUNDATION, INC.

**Current Principal Place of Business:**

610 NORTH ADAMS ST  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

610 NORTH ADAMS ST  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-2190074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWERS, PATSY J  
610 NORTH ADAMS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

POWERS, PATSEY J  
610 NORTH ADAMS STREET  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: PATSEY J. POWERS

02/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TOWER, AL  
Address: 7327 DANBURY WAY  
City-St-Zip: CLEARWATER, FL 33764

Title: P ( ) Delete  
Name: NORFLEET, KENNETH  
Address: 90 PONCE DE LEON BLVD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: SD (X) Delete  
Name: JACKSON, MICHAEL A.  
Address: 610 NORTH ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL

Title: VP ( ) Delete  
Name: HAINES, RONALD  
Address: 13566 RUDI LOOP  
City-St-Zip: BROOKSVILLE, FL 34609

Title: D ( ) Delete  
Name: SCHMIDT, TODD  
Address: 1455 SEABAY RD  
City-St-Zip: FORT LAUDERDALE, FL 333263328

Title: ED ( ) Delete  
Name: POWERS, PATSEY J  
Address: 610 NORTH ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: NORFLEET, KENNETH  
Address: 5356 RED RIBBON PT  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HAINES, RONALD  
Address: 13566 RUDI LOOP  
City-St-Zip: BROOKSVILLE, FL 34609

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATSEY J. POWERS

ED

02/05/2009

Electronic Signature of Signing Officer or Director

Date