

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755576

FILED
Jan 17, 2012
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, PATSEY J
610 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: KOESTEN, GARY
Address: 7370 NW 61 TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: P
Name: MILLER, BOB
Address: P. O. BOX 915728
City-St-Zip: ALTAMONTE SPRINGS, FL 32791 57

Title: D
Name: ETHRIDGE, WEYMAN
Address: 1545 TOWN PARK DR
City-St-Zip: PORT ORANGE, FL 32129

Title: D
Name: SCHMIDT, TODD
Address: 887 GARNET CIRCLE
City-St-Zip: WESTON, FL 33326

Title: EVP
Name: POWERS, PATSEY J
Address: 610 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL

Title: TREA
Name: MINCY, CYNDI
Address: 3375-1 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: PATSEY J. POWERS

EVP

01/17/2012

Electronic Signature of Signing Officer or Director

Date