

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 766152

1. Entity Name
**FLORIDA ASSOCIATION OF COUNTY HEALTH
DEPARTMENT BUSINESS ADMINISTRATORS, INC.**



Principal Place of Business
**5527 STEWART ST
MILTON, FL 32572 US**

Mailing Address
**P.O. BOX 929
MILTON, FL 32572 US**



01292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2952097

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEISER, JEFFREY G
780 SW 24TH ST
FORT LAUDERDALE, FL 33315**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KEISER, JEFFREY
780 SW 24TH ST
FORT LAUDERDALE, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LEWIS, DEL
5527 STEWART ST
MILTON, FL 32572**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
STEINBERG, CARL
2200 RINGLING BLVD
SARASOTA, FL 34237**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MCCULLOUGH, BARBARA
1295 W FAIRFIELD DRIVE
PENSACOLA, FL 32501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000810858
02/11/08-80003-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Barbara L McCullough*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

850

1-29-08 595-6551