

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 07 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766523 (5)

1. Corporation Name
THE PINELLAS COUNTY VOLUNTARY HEALTH ASSOCIATION S, INC.



Principal Place of Business 9721 EXECUTIVE CENTER DRIVE NORTH STE. 210 ST. PETERSBURG FL 33702 US	Mailing Address 9721 EXECUTIVE CENTER DRIVE NORTH STE. 210 ST. PETERSBURG FL 33702 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1983	3a. Date of Last Report 04/25/1996
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2. Principal Place of Business 21 6160 Central Ave.	2a. Mailing Address 26 6160 Central Ave.
Suite, Apt. #, etc. 22 St. Petersburg FL	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg FL	City & State 28 St. Petersburg FL
Zip 24 33707	Country 25 USA
Zip 29 33707	Country 30 USA

4. FEI Number 59-2246944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RANDALL, NANCY
 9721 EXECUTIVE CENTER DRIVE NORTH
 STE. 210
 ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name Nancy Whitlock
82 Street Address (P.O. Box Number is Not Acceptable) 6160 Central Ave.
83
84 City St. Petersburg
85 Zip Code FL 33707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Nancy Whitlock (NOTE: Registered Agent signature required when reinstating) DATE **7-23-97**

12. OFFICERS AND DIRECTORS

TITLE TD	<input type="checkbox"/> DELETE
NAME WHITLOCK, NANCY	
STREET ADDRESS 6160 CENTRAL AVENUE	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE VCDT	<input checked="" type="checkbox"/> DELETE
NAME ROTH, DIANNE	
STREET ADDRESS 3725 W. GRACE ST., STE. 225	
CITY-ST-ZIP TAMPA FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME RANDALL, NANCY	
STREET ADDRESS 9721 EXECUTIVE CENTER DR. NORTH, STE. 210	
CITY-ST-ZIP ST. PETERSBURG FL 33702	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME (Nancy whitlock)	
1.3 STREET ADDRESS 33707	
1.4 CITY-ST-ZIP	
2.1 TITLE C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME April Taylor	
2.3 STREET ADDRESS 9455 Koger Blvd #100	
2.4 CITY-ST-ZIP St. Petersburg FL 33702	
3.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Robert C. Swain	
3.3 STREET ADDRESS 9600 Koger Blvd #203	
3.4 CITY-ST-ZIP St. Petersburg FL 33702	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Carla A. Skolburg	
4.3 STREET ADDRESS 9721 Executive Center Dr. N. #210	
4.4 CITY-ST-ZIP St. Petersburg FL 33702	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Nancy Whitlock SIGNATURE REQUIRED **7-23-97 813-347-6133**

CFR2E037 (4/97)