

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90256 001 ****61.25

DOCUMENT # 770889

1. Entity Name
**FLORIDA ASSOCIATION OF COUNTY HEALTH
OFFICERS,**



Principal Place of Business
**1605 PEBBLE BEACH BLVD
GREEN COVE SPRINGS, FL 32043 US**

Mailing Address
**1605 PEBBLE BEACH BLVD
GREEN COVE SPRINGS, FL 32043 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2954251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGYAR, SANDRA F
1605 PEBBLE BEACH BLVD
GREEN COVE SPRINGS, FL 32043**

Name

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

City

FL

Zip Code

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **HOLT, DOUGLAS A MD**
STREET ADDRESS **1105 E KENNEDY BLVD**
CITY-ST-ZIP **TAMPA, FL 33601**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BARNHILL, KIM**
STREET ADDRESS **800 THIRD STREET**
CITY-ST-ZIP **MADISON, FL 32340**

TITLE **TD** ☒ Delete
NAME **HARTNER, JUDITH MD**
STREET ADDRESS **3920 MICHIGAN AVE**
CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE **TREASURER** ☐ Change ☐ Addition
NAME **BURNS, MARY KAY**
STREET ADDRESS **94 SOUTH BALDWIN AVE.**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **ED** ☐ Delete
NAME **MAGYAR, SANDRA F**
STREET ADDRESS **1605 PEBBLE BEACH BLVD**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **BARNHILL, KIM**
STREET ADDRESS **800 THIRD ST**
CITY-ST-ZIP **MADISON, FL 32340**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME **SHERIN, KEVIN, MD**
STREET ADDRESS **6101 LAKE GLENOR DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sandra F. Magyar

SANDRA F. MAGYAR

1-4-07, 904-529-7760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #