

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770889

FILED  
Jan 25, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF COUNTY HEALTH OFFICERS,

**Current Principal Place of Business:**

1605 PEBBLE BEACH BLVD  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

1605 PEBBLE BEACH BLVD  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

**FEI Number:** 59-2954251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAGYAR, SANDRA F  
1605 PEBBLE BEACH BLVD  
GREEN COVE SPRINGS, FL 32043 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: P ( ) Delete  
Name: BARNHILL, KIM  
Address: 800 THIRD STREET  
City-St-Zip: MADISON, FL 32340

Title: TD ( ) Delete  
Name: BURNS, MARYKAY  
Address: 34 SOUTH BALDWIN AVE.  
City-St-Zip: ARCADIA, FL 34266

Title: ED ( ) Delete  
Name: MAGYAR, SANDRA F  
Address: 1605 PEBBLE BEACH BLVD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP ( ) Delete  
Name: SHERIN, KEVIN MD  
Address: 6101 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

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

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

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

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

Title: PE (X) Change ( ) Addition  
Name: SHERIN, KEVIN MD  
Address: 6101 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

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: SANDRA F. MAGYAR

ED

01/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date