

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000968

FILED
Apr 08, 2009
Secretary of State

Entity Name: VACCINE AWARENESS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

4745 SUTTON PARK COURT #503
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4745 SUTTON PARK COURT #503
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3568129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JAMES V
217 PONTE VEDRA PARK DR STE 200
PONTE VEDRA BEACH, FL 32082 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: D () Delete
Name: KREHEL, TONI
Address: 4745 SUTTON PARK CT., STE. 503
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: ALTERMAN, FRANCA
Address: 423 N THIRD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: COLEY, W ALEX
Address: 6675 CORPORATE CENTER PARKWAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: COLEY, LINDA
Address: 4817 OTTER CREEK LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MCGUINNESS, ALICE
Address: 4437 PORT ARTHUR RD
City-St-Zip: JACKSONVILLE, FL 32224

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

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

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: TONI KREHEL, AP

DR.

04/08/2009

Electronic Signature of Signing Officer or Director

Date