


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90057 032 \*\*\*\*70.00

**DOCUMENT # N01000001049**

1. Entity Name  
 FLORIDA PUBLIC HEALTH FOUNDATION, INC.



Principal Place of Business  
 4720 SALSBUARY RD., STE 243  
 JACKSONVILLE, FL 32256

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

50005119



2. Principal Place of Business  
 1605 PEBBLE BEACH BLVD  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01192005 Chg-NP CR2E037 (10/03)

City & State  
 GREEN COVE SPRINGS

City & State

Zip  
 32043

Country  
 USA

4. FEI Number  
 59-3736007

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

NULAND, CHRISTOPHER L  
 1000 RIVERSIDE AVE, STE 115  
 JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, SAMUEL III 215 SOUTH MONROE ST. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNTER, RICHARD G 502 PRAIRIE MINE RD. MULBERRY, FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REID, W. MICHAEL 13201 BRUCE B. <del>BELTON</del> BLVD., MDC-56 TAMPA, FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MAGYAR, SANDRA F 1605 PEBBLE BEACH BLVD. GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHMOND, GREGORY 832 WEST CENTRAL BLVD ORLANDO, FL 32085	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	replace with Downs	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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, 1-19-05 904-529-7759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #