


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

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| DOCUMENT # N01000001049 |  |
| 1. Entity Name FLORIDA PUBLIC HEALTH FOUNDATION, INC. | |

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| Principal Place of Business 1605 PEBBLE BEACH BLVD GREEN COVE SPRINGS, FL 32043 | Mailing Address 1605 PEBBLE BEACH BLVD. GREEN COVE SPRINGS, FL 32043 |
|---|--|

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-3736007 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

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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 renewing) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BELL, SAMUEL III 215 SOUTH MONROE ST. TALLAHASSEE, FL 32301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HUNTER, RICHARD G 502 PRAIRIE MINE RD. MULBERRY, FL 33860 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD REID, W. MICHAEL 13201 BRUCE B. DOLOUS BLVD., MDC-56 TAMPA, FL 33612 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED MAGYAR, SANDRA F 1605 PEBBLE BEACH BLVD. GREEN COVE SPRINGS, FL 32043 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000580344
01/10/07-80043-010 61.25

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 817, 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, 904-529-7759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #