


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

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



Principal Place of Business 1605 PEBBLE BEACH BLVD GREEN COVE SPRINGS, FL 32043	Mailing Address 1605 PEBBLE BEACH BLVD. GREEN COVE SPRINGS, FL 32043
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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	
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U00000793262
 01/25/08-80002-001 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 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 1/18/08 904-524-7759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #