


03-25-2003 90071 022 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000001049		
1. Entity Name FLORIDA PUBLIC HEALTH FOUNDATION, INC.		
Principal Place of Business 4720 SALSBUURY RD., STE 243 JACKSONVILLE, FL 32256		Mailing Address 4720 SALSBUURY RD., STE 243 JACKSONVILLE, FL 32256
2. Principal Place of Business		3. Mailing Address <i>1605 PEBBLE BEACH BLVD</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		4. FEI Number 59-3736007
City & State <i>GREEN COVE SPRINGS, FL</i>		Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<i>32043</i>	<i>USA</i>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
NULAND, CHRISTOPHER L. 1000 RIVERSIDE AVE, STE 115 JACKSONVILLE, FL 32204		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: <i>Sandra J Magyar</i>		DATE: <i>3/21/03</i>
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	PD	TITLE
NAME	BELL, SAMUEL III	NAME
STREET ADDRESS	215 SOUTH MONROE ST.	STREET ADDRESS
CITY-STATE-ZIP	TALLAHASSEE, FL 32301	CITY-STATE-ZIP
TITLE	VPD	TITLE
NAME	HUNTER, RICHARD G	NAME
STREET ADDRESS	602 PRAIRIE MINE RD.	STREET ADDRESS
CITY-STATE-ZIP	MULBERRY, FL 33860	CITY-STATE-ZIP
TITLE	SD	TITLE
NAME	REID, W. MICHAEL	NAME
STREET ADDRESS	13201 BRUCE B. DOLOUS BLVD., MDC-68	STREET ADDRESS
CITY-STATE-ZIP	TAMPA, FL 33612	CITY-STATE-ZIP
TITLE	TD	TITLE
NAME	ARRUSO, PHILIP T	NAME
STREET ADDRESS	3602 SPECTRUM BLVD.	STREET ADDRESS
CITY-STATE-ZIP	TAMPA, FL 33612	CITY-STATE-ZIP
TITLE	ED	TITLE
NAME	MAGYAR, SANDRA F	NAME
STREET ADDRESS	4720 SALSBUURY RD., #243	STREET ADDRESS
CITY-STATE-ZIP	JACKSONVILLE, FL 32256	CITY-STATE-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-STATE-ZIP		CITY-STATE-ZIP
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: <i>Sandra J Magyar</i>		DATE: <i>3/21/03</i> <i>904-529-4686</i>

CR20037 (10/02)