# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2007**
**Secretary of State**

DOCUMENT# N04000002302

**Entity Name:** FLORIDA COMMUNITY PHARMACY SOCIETY, INC.

**Current Principal Place of Business:**

4133 UNIVERSITY BLVD S #1
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4133 UNIVERSITY BLVD S #1
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAFFRY, EDWARD S
106 E COLLEGE AVE SUITE 1200
TALLAHASSEE, FL 32301 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: FISHMAN, BOB
Address: 4401 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: NORIEGA, JOHN
Address: 202 E. BRANDON BLVD.
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete
Name: MASSEY, LYNN
Address: 306 E. JEFFERSON ST.
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete
Name: MULLINS, DEE ANN
Address: 830 OHIO AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete
Name: NAPIER, BILL
Address: 7302 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: FRANCK, PAUL
Address: 202 S.W. 15TH STREET
City-St-Zip: OCALA, FL 34474

**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:

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: BOB FISHMAN D 04/26/2007
Electronic Signature of Signing Officer or Director — Date