

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001245

FILED  
May 11, 2007  
Secretary of State

**Entity Name:** PARTNERSHIP FOR PUBLIC HEALTH, INC.

**Current Principal Place of Business:**

1295 W FAIRFIELD DR  
PENSACOLA, FL 32501

**New Principal Place of Business:**

1243 STOW AVENUE  
PENSACOLA, FL 32503 US

**Current Mailing Address:**

1295 W FAIRFIELD DR  
PENSACOLA, FL 32501

**New Mailing Address:**

PO BOX 2674  
PENSACOLA, FL 32513 US

**FEI Number:** 20-4300981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JOHNSON, RODNEY M  
2625 SAN CLEMENTE DR.  
MILTON, FL 32583 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D ( ) Change (X) Addition  
Name: LANZA, JOHN  
Address: PO BOX 2674  
City-St-Zip: PENSACOLA, FL 32513

Title: S ( ) Change (X) Addition  
Name: TURNER, SUSAN  
Address: PO BOX 2674  
City-St-Zip: PENSACOLA, FL 32513

Title: T/D ( ) Change (X) Addition  
Name: DRUMMOND, PAULA  
Address: PO BOX 2674  
City-St-Zip: PENSACOLA, FL 32513

Title: D ( ) Change (X) Addition  
Name: AMACKER, DEANNE  
Address: PO BOX 2674  
City-St-Zip: PENSACOLA, FL 32513

Title: D ( ) Change (X) Addition  
Name: BRAULT, JANE  
Address: PO BOX 2674  
City-St-Zip: PENSACOLA, FL 32513

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: PAULA DRUMMOND

T/D

05/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date