2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001245

Entity Name: PARTNERSHIP FOR PUBLIC HEALTH, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1243 STOW AVENUE PENSACOLA, FL 32503 US	

Current Mailing Address:	**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 ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
JOHNSON, RODNEY M 2625 SAN CLEMENTE DR. MILTON, FL 32583 US	

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:	P/D ( ) Delete		
Name:	LANZA, JOHN		
Address:	PO BOX 2674		
City-St-Zip:	PENSACOLA, FL 32513		
Title:	S ( ) Delete		
Name:	TURNER, SUSAN		
Address:	PO BOX 2674		
City-St-Zip:	PENSACOLA, FL 32513		
Title:	T/D ( ) Delete		
Name:	DRUMMOND, PAULA		
Address:	PO BOX 2674		
City-St-Zip:	PENSACOLA, FL 32513		
Title:	D ( ) Delete		
Name:	AMACKER, DEANNE		
Address:	PO BOX 2674		
City-St-Zip:	PENSACOLA, FL 32513		
Title:	D ( ) Delete		
Name:	BRAULT, JANE		
Address:	PO BOX 2674		
City-St-Zip:	PENSACOLA, FL 32513		

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:	

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 G DRUMMOND   TD   04/24/2008

          Electronic Signature of Signing Officer or Director   Date