

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001245

FILED
Apr 23, 2009
Secretary of State

Entity Name: PARTNERSHIP FOR PUBLIC HEALTH, INC.

Current Principal Place of Business:

1243 STOW AVENUE
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2674
PENSACOLA, FL 32513 US

New Mailing Address:

PO BOX 2764
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:

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: 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 (X) 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

04/23/2009

Electronic Signature of Signing Officer or Director

Date