

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12679

1. Entity Name

THE FLORIDA HEALTH OCCUPATIONS STUDENTS OF AMERICA FOUNDATION, INCORPORATED

Principal Place of Business

HEALTH AND PUBLIC SERVICE EDUCATION
DEPT OF EDUCATION, 730 FEC
TALLAHASSEE FL 32399
US

Mailing Address

HEALTH AND PUBLIC SERVICE EDUCATION
DEPT OF EDUCATION, ROOM 344 FEC
TALLAHASSEE FL 32399
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1227790

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETT, JERRY L DIRECTO
DIV. OF WORKFORCE DEVELOPMENT
325 W GAINES ST. RM 730
TALLAHASSEE FL 32399

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MCCULLOCH, ETTA
717 LAKE SHORE DRIVE
EUSTIS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CONLIN, JUDITH B
DEPT. OF ED., FEC. BLDG., 325 W. GAINES ST
TALLAHASSEE FL 32399-0400

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BARNETT, JERRY
DEPT OF ED., FEC BLDG., 325 W. GAINES ST.
TALLAHASSEE FL 32399-0400

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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Change Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90227 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4-24-02 488-3920