

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12679

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** THE FLORIDA HEALTH OCCUPATIONS STUDENTS OF AMERICA FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

2774 TALLAVANA TRAIL  
HAVANA, FL 32333 US

**New Principal Place of Business:**

**Current Mailing Address:**

2774 TALLAVANA TRAIL  
HAVANA, FL 32333 US

**New Mailing Address:**

**FEI Number:** 59-2638981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARNETT, JERRY L  
3219 CONSTELLATION CT  
TALLAHASSEE, FL 32312 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  
Name: CONLIN, JUDITH B  
Address: 2774 TALLAVANA TRAIL  
City-St-Zip: HAVANA, FL 32333 US

Title: VSTD  
Name: BARNETT, JERRY L  
Address: 3219 CONSTELLATION CT  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: JERRY L. BARNETT

VSTD

02/17/2011

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

\_\_\_\_\_  
Date