

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13372

1. Corporation Name

HEALTH OCCUPATIONS EDUCATORS ASSOCIATION
OF FLORIDA (HOEAF)

Principal Place of Business

Mailing Address

17008 ASPEN MEADOWS DR
Lutz, FL. 33549

3. Date Incorporated or Qualified

2-10-86

3a. Date of Last Report

MAY 1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2596462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARILYN R BOYER
17008 ASPEN MEADOWS DR
Lutz, FL 33549

81 Name

Robert Velarde

82 Street Address (P.O. Box Number is Not Acceptable)

2618 W. St. John ST

83

TAMPA

84 City

FL

85 Zip Code

33622942

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P- Robert Velarde
2618 W ST JOHN ST D
Tampa, FL. 33607-2942

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PElect- Charles Hendrix b
5799 YUCCA DRIVE
MILTON, FL. 32583

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S- KATHYEN DASHROON
437 VERMONT AVE.
St. Cloud, FL. 34769

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T- MARILYN R BOYER D
17008 ASPEN MEADOWS DR
Lutz, FL. 33549-6117

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

800001872888
-06/24/96--01028--002
***\$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I
further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARILYN R BOYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/96

Date

813-949-8231

Daytime Phone #

CR2E037 (12/95)

5/11/96