

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24863 (5)

1. Corporation Name

SALVITA, INC.



Principal Place of Business

Mailing Address

**419 EAST GEORGIA ST.
TALLAHASSEE FL 32301**

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TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified
02/16/1988

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2873731

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

**HOLLEY, DOROTHY J.
419 EAST GEORGIA ST.
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **MD** ☐ DELETE
NAME **HOLLEY, DOROTHY**
STREET ADDRESS **419 E. GEORGIA STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **PD** ☐ DELETE
NAME **HARNETT, LITTY**
STREET ADDRESS **339 E JEFFERSON ST**
CITY-ST-ZIP **QUINCY FL**

21 TITLE ☒ Change ☐ Addition
22 NAME **Member**
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **FORD, HAROLD**
STREET ADDRESS **FLORIDA A & M UNIVERSITY**
CITY-ST-ZIP **TALLAHASSEE FL**

31 TITLE ☐ Change ☒ Addition
32 NAME **Vice President**
33 STREET ADDRESS **Pamela Eby**
34 CITY-ST-ZIP **1600 Paula Drive**
Tallahassee, FL 32303

TITLE **TD** ☐ DELETE
NAME **HOLDER, KATHY**
STREET ADDRESS **1621 KELLY STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

41 TITLE ☒ Change ☐ Addition
42 NAME **President**
43 STREET ADDRESS **Kathleen Holder**
44 CITY-ST-ZIP **2005 Queenswoods Drive**
Pensacola, Florida 32303

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition
52 NAME **Treasurer**
53 STREET ADDRESS **Carolyn F. Colston**
54 CITY-ST-ZIP **5024 Bradfordville Road**
Tallahassee, Florida 32308

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-96 904-681-5312

CR2E037 (12/95)