


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90044 039 ****61.25

DOCUMENT # N27222 1. Entity Name FLORIDA FOUNDATION FOR SCHOOL HEALTH, INC.					
Principal Place of Business % JOAN M. THACKABERRY 158 YACHT HARBOR DR OSPREY, FL 34229			Mailing Address % JOAN M. THACKABERRY 158 YACHT HARBOR DR OSPREY, FL 34229		
2. Principal Place of Business 3730 CADBURY CIRCLE		3. Mailing Address (SAME)			
Suite, Apt. #, etc. #616		Suite, Apt. #, etc.			
City & State VENICE FL		City & State			
Zip 34293		Country USA		4. FEI Number 65-0052268	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THACKABERRY, JOAN M. 158 YACHT HARBOR DRIVE OSPREY, FL 34229			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3730 CADBURY CIRCLE #616 City VENICE FL Zip Code 34293		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT <input type="checkbox"/> Delete BUMPUS, ELIZABETH 2200 RINGLING BLVD SARASOTA, FL 34230				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT <input type="checkbox"/> Delete HOCKER, ANITA 2117 PINE GARDEN TRAIL SARASOTA, FL 34234				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete THACKABERRY, JOAN 158 YACHT HARBOR DR OSPREY, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT <input type="checkbox"/> Delete CHANCELLOR, JOHN JR 110 CARILLON PKWY SAINT PETERSBURG, FL 33706				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Delete CATHY BREWTON 6901 TOMY LEE TRAIL TALLAHASSEE, FL 32309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3730 CADBURY CIRCLE #616 VENICE, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7479 SIKKA DEER WAY FT. MYERS, FL 33912				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CATHY BREWTON 6901 TOMY LEE TRAIL TALLAHASSEE, FL 32309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Joan M. Thackaberry</u> JOAN M. THACKABERRY <u>3/24/05</u> <u>(941) 408-9119</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					