


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90017 026 \*\*\*\*61.25

<b>DOCUMENT # N27222</b> 1. Entity Name <b>FLORIDA FOUNDATION FOR SCHOOL HEALTH, INC.</b>																																																																																																																																						
Principal Place of Business <b>2730 CABBURY CIRCLE</b> <b># 616</b> <b>VENICE, FL 34293</b>			Mailing Address <b>2730 CABBURY CIRCLE</b> <b># 616</b> <b>VENICE, FL 34293</b>																																																																																																																																			
2. Principal Place of Business <b>3730 CABBURY CIRCLE</b> Suite, Apt. #, etc. <b># 616</b>		3. Mailing Address <b>3730 CABBURY CIRCLE</b> Suite, Apt. #, etc. <b># 616</b>																																																																																																																																				
City & State <b>VENICE, FL</b>		City & State <b>VENICE, FL</b>		4. FEI Number <b>65-0052268</b>																																																																																																																																		
Zip <b>34293</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																		
6. Name and Address of Current Registered Agent  <b>THACKABERRY, JOAN M.</b> <b>3730 CABBURY CIRCLE</b> <b># 616</b> <b>VENICE, FL 34293</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																			
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>																																																																																																																																						
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																		
<b>Make check payable to Florida Department of State</b>																																																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">PDT</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BUMPUS, ELIZABETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2200 RINGLING BLVD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA, FL 34230</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VDT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOCKER, ANITA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2117 PINE GARDEN TRAIL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA, FL 34234</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THACKABERRY, JOAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3730 CABBURY CIRCLE, # 616</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>VENICE, FL 34293</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHANCELLOR, JOHN JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2470 SUKA DEER WAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT MYERS, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRANTON, CATHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6901 TAMY LEE TRAIL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TALLAHASSEE, FL 32309</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">NAME</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>375 NAPA RIDGE PL. E</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NAPLES, FL 34119</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CATHY BREWTON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PDT	<input type="checkbox"/> Delete	NAME	BUMPUS, ELIZABETH		STREET ADDRESS	2200 RINGLING BLVD		CITY - ST - ZIP	SARASOTA, FL 34230		TITLE	VDT	<input type="checkbox"/> Delete	NAME	HOCKER, ANITA		STREET ADDRESS	2117 PINE GARDEN TRAIL		CITY - ST - ZIP	SARASOTA, FL 34234		TITLE	DT	<input type="checkbox"/> Delete	NAME	THACKABERRY, JOAN		STREET ADDRESS	3730 CABBURY CIRCLE, # 616		CITY - ST - ZIP	VENICE, FL 34293		TITLE	D	<input type="checkbox"/> Delete	NAME	CHANCELLOR, JOHN JR		STREET ADDRESS	2470 SUKA DEER WAY		CITY - ST - ZIP	FORT MYERS, FL 33912		TITLE	PD	<input type="checkbox"/> Delete	NAME	BRANTON, CATHY		STREET ADDRESS	6901 TAMY LEE TRAIL		CITY - ST - ZIP	TALLAHASSEE, FL 32309		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	375 NAPA RIDGE PL. E		CITY - ST - ZIP	NAPLES, FL 34119		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CATHY BREWTON		STREET ADDRESS			CITY - ST - ZIP		
TITLE	PDT	<input type="checkbox"/> Delete																																																																																																																																				
NAME	BUMPUS, ELIZABETH																																																																																																																																					
STREET ADDRESS	2200 RINGLING BLVD																																																																																																																																					
CITY - ST - ZIP	SARASOTA, FL 34230																																																																																																																																					
TITLE	VDT	<input type="checkbox"/> Delete																																																																																																																																				
NAME	HOCKER, ANITA																																																																																																																																					
STREET ADDRESS	2117 PINE GARDEN TRAIL																																																																																																																																					
CITY - ST - ZIP	SARASOTA, FL 34234																																																																																																																																					
TITLE	DT	<input type="checkbox"/> Delete																																																																																																																																				
NAME	THACKABERRY, JOAN																																																																																																																																					
STREET ADDRESS	3730 CABBURY CIRCLE, # 616																																																																																																																																					
CITY - ST - ZIP	VENICE, FL 34293																																																																																																																																					
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																				
NAME	CHANCELLOR, JOHN JR																																																																																																																																					
STREET ADDRESS	2470 SUKA DEER WAY																																																																																																																																					
CITY - ST - ZIP	FORT MYERS, FL 33912																																																																																																																																					
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																																				
NAME	BRANTON, CATHY																																																																																																																																					
STREET ADDRESS	6901 TAMY LEE TRAIL																																																																																																																																					
CITY - ST - ZIP	TALLAHASSEE, FL 32309																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS	375 NAPA RIDGE PL. E																																																																																																																																					
CITY - ST - ZIP	NAPLES, FL 34119																																																																																																																																					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME	CATHY BREWTON																																																																																																																																					
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																																																																																																																																						
<b>SIGNATURE:</b> <u>Joan M. Thackaberry</u> <b>JOAN M. THACKABERRY</b> <u>3/22/06</u> <u>(941) 408-9119</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																						