

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N27222

1. Entity Name
FLORIDA FOUNDATION FOR SCHOOL HEALTH, INC.



Principal Place of Business
**3730 CABBURY CIRCLE
616
VENICE, FL 34293**

Mailing Address
**3730 CABBURY CIRCLE
616
VENICE, FL 34293**



03162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0052268

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THACKABERRY, JOAN M.
3730 CADBURY CIRCLE
616
VENICE, FL 34293**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BUMPUS, ELIZABETH 2200 RINGLING BLVD SARASOTA, FL 34230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT HOCKER, ANITA 2117 PINE GARDEN TRAIL SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THACKABERRY, JOAN 3730 CADBURY CIRCLE, # 616 VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANCELLOR, JOHN JR 275 NAPA RIDGE RD. E. NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREWTON, CATHY 6901 TAMY LEE TRAIL TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000673008
03/29/07-80012-008 61.25

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IN THIS SPACE**

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.

SIGNATURE:

Joan M. Thackaberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07
Date

941-408-9119
Daytime Phone #