


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N27222</b> 1. Entity Name FLORIDA FOUNDATION FOR SCHOOL HEALTH, INC.	
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Principal Place of Business 3730 CABBURY CIRCLE # 616 VENICE, FL 34293	Mailing Address 3730 CABBURY CIRCLE # 616 VENICE, FL 34293
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**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0052268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

THACKABERRY, JOAN M.  
3730 CABBURY 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000888545  
04/22/08-80017-010 61.25

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 CABBURY 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	

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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  
JOAN M. THACKABERRY

4/4/08 (941) 408-9119  
Date Daytime Phone #