2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N27222

Entity Name: FLORIDA FOUNDATION FOR SCHOOL HEALTH, INC.

Current Principal Place of Business:

3730 CABBURY CIRCLE
616
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

3730 CABBURY CIRCLE
616
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-0052268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PDT	( ) Delete
Name:	BUMPUS,ELIZABETH,	
Address:	2200 RINGLING BLVD	
City-St-Zip:	SARASOTA, FL 34230	
Title:	VDT	( ) Delete
Name:	HOCKER, ANITA	
Address:	2117 PINE GARDEN TRAIL	
City-St-Zip:	SARASOTA, FL 34234	
Title:	DT	( ) Delete
Name:	THACKABERRY, JOAN,	
Address:	3730 CADBURY CIRCLE, # 616	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	CHANCELLOR, JOHN JR	
Address:	275 NAPA RIDGE RD. E.	
City-St-Zip:	NAPLES, FL 34119	
Title:	PD	( ) Delete
Name:	BREWTON, CATHY	
Address:	6901 TAMY LEE TRAIL	
City-St-Zip:	TALLAHASSEE, FL 32309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN M. THACKABERRY DT 03/31/2009

Electronic Signature of Signing Officer or Director — Date