

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27222

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**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 ( )**

**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  
Name: BUMPUS, ELIZABETH  
Address: 2200 RINGLING BLVD  
City-St-Zip: SARASOTA, FL 34230

Title: VDT  
Name: HOCKER, ANITA  
Address: 2117 PINE GARDEN TRAIL  
City-St-Zip: SARASOTA, FL 34234

Title: DT  
Name: THACKABERRY, JOAN  
Address: 3730 CADBURY CIRCLE, # 616  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: CHANCELLOR, JOHN JR  
Address: 275 NAPA RIDGE RD. E.  
City-St-Zip: NAPLES, FL 34119

Title: PD  
Name: BREWTON, CATHY  
Address: 6901 TAMY LEE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby 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 all other like empowered.

SIGNATURE: JOAN M. THACKABERRY

D

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date