

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27222

FILED
Feb 19, 2011
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:

3730 CABBURY CIRCLE
616
VENICE, FL 342932215 US

Current Mailing Address:

3730 CABBURY CIRCLE
616
VENICE, FL 34293

New Mailing Address:

3730 CABBURY CIRCLE
616
VENICE, FL 342932215 US

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

DT

02/19/2011

Electronic Signature of Signing Officer or Director

Date