

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27222

FILED
Apr 28, 2012
Secretary of State

Entity Name: FLORIDA FOUNDATION FOR SCHOOL HEALTH, INC.

Current Principal Place of Business:

3730 CABBURY CIRCLE
616
VENICE, FL 342932215 US

New Principal Place of Business:

3730 CADBURY CIRCLE
205
VENICE, FL 342932215 US

Current Mailing Address:

3730 CABBURY CIRCLE
616
VENICE, FL 342932215 US

New Mailing Address:

3730 CADBURY CIRCLE
205
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:

THACKABERRY, JOAN M RN
3730 CADBURY CIRCLE
205
VENICE, FL 34293 US

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: JOAN M. THACKABERRY

04/28/2012

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: GALLOGLY, SANDRA RN
Address: 1202 PALM AVENUE
City-St-Zip: TAMPA, FL 33605

Title: DT
Name: THACKABERRY, JOAN
Address: 3730 CADBURY CIRCLE, # 205
City-St-Zip: VENICE, FL 34293

Title: D
Name: REYNOLDS, SHERRI
Address: 446 CAMILLE DRIVE
City-St-Zip: OSPREY, FL 34229

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

04/28/2012

Electronic Signature of Signing Officer or Director

Date