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04-20-1999 90089 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40287

1. Corporation Name

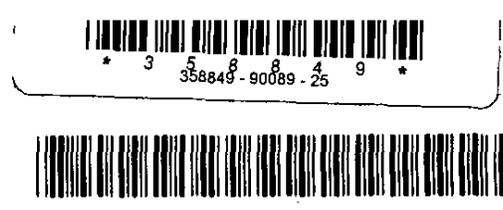
THE FLORIDA ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION, DANCE AND DRIVER EDUCATION,

Principal Place of Business

200 INTRACOASTAL PLACE
 #405
 TEQUESTA FL 33469

Mailing Address

200 INTRACOASTAL PLACE
 #405
 TEQUESTA FL 33469



2. Principal Place of Business 21 4123 Creekbluff Drive Suite, Apt. #, etc. 22	2a. Mailing Address 26 4123 Creekbluff Drive Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 10/10/1990	4. FEI Number 59-6141926 Applied For Not Applicable
23 St. Augustine, Fl City & State	28 St. Augustine, Fl City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 32086 Zip	25 St. Johns Country	29 32086 Zip	30 St. Johns Country

9. Name and Address of Current Registered Agent HANDIN, GARY I. 7800 N UNIVERSITY DR SUITE 300 TAMARAC FL 33321	10. Name and Address of New Registered Agent 81 Name James G. Sisco 82 Street Address (P.O. Box Number is Not Acceptable) 4123 Creekbluff Drive 83 St. Augustine, Florida 32086 84 City St. Augustine FL 85 Zip Code 32086
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *James G. Sisco* DATE: 4/11/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELUCA, JOHN 200 INTRACOASTAL PLACE, #405 TEQUESTA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DTSM Carol Sisco 4123 Creekbluff Drive St. Augustine, Fl 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIFER, JEANNE 4434 HAVLOCK DR ORLANDO FL 32807 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DPC Virden Evans 1628 Hedgefield Ct. Tallahassee Fl 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIDER, BOB 3208 TALON CT TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DV Susan Tutko 2055 Central Avenue Et. Myers, Fl 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FIFER, JEANNE 4434 HAVLOCK DR. ORLANDO FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Jeanne Fifer 4434 Haylock Drive Orlando, Fl 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, VIRDEN 1628 HEDGEFIELD, CT TALLAHASSEE FL 32312 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol P. Sisco* DATE: 4-12-99 (904)797-7229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR