

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

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

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

DOCUMENT # N40287

1. Corporation Name

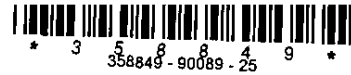
THE FLORIDA ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION, DANCE AND DRIVER EDUCATION,

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	2a. Mailing Address	3. Date Incorporated or Qualified
21 4123 Creekbluff Drive	26 4123 Creekbluff Drive	10/10/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6141926
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 St. Augustine, Fl	28 St. Augustine, Fl	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24 32086 25 St. Johns	29 32086 30 St. Johns	

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

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

4/11/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 Sisco
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 (904)797-7229
 Date Daytime Phone #