

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49557

FILED
Apr 14, 2009
Secretary of State

Entity Name: FLORIDA SOCIETY OF HOSPITAL PHARMACISTS RESEARCH AND EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

2304 KILLEARN CENTER BLVD
SUITE B
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

2304 KILLEARN CENTER BLVD
SUITE B
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-3150211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCQUONE, MICHAEL J
2304 KILLEARN CENTER BLVD
SUITE B
TALLAHASSEE, FL 32309 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: M () Delete
Name: MCQUONE, MICHAEL J
Address: 2304 KILLEARN CENTER BLVD.,STE. B
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: BURNAKIS, THOMAS
Address: 5007 RIPPLE RUSH DRIVE N
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: GECECKAS, CHRISTINE
Address: 302 SE 23RD TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: BROWN, DEBORAH
Address: 3204 STONEBRIDGE TRAIL
City-St-Zip: VALRICO, FL 33996

Title: P () Delete
Name: CLARK, JOHN
Address: 2741 SW 127TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: IAFRATE, PETER
Address: 10106 SW 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: EVANS, CARSTEN
Address: 891 S.W. 72 AVENUE
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J MCQUONE

M

04/14/2009

Electronic Signature of Signing Officer or Director

Date