

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000058

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION HEALTH OCCUPATION STUDENTS OF AMERICA, INC.

**Current Principal Place of Business:**

FLORIDA HOSA  
16407 NW 174TH DR SE D  
ALACHUA, FL 32615

**New Principal Place of Business:**

FLORIDA HOSA  
16407 NW 174TH DR STE D  
ALACHUA, FL 32615

**Current Mailing Address:**

PO BOX 2157  
ALACHUA, FL 326162157

**New Mailing Address:**

**FEI Number:** 52-1227790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEVAULT, WILLIAM LLOYD  
16407 NW 174TH DRIVE STE D  
ALACHUA, FL 32615 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: D ( ) Delete  
Name: DAVIDSON, BETTY  
Address: PO BOX 1180  
City-St-Zip: CROSS CITY, FL 32628

Title: D ( ) Delete  
Name: YOST, DOTTIE  
Address: 1710 E GIBSON ST  
City-St-Zip: ARCADIA, FL 338218722

Title: P ( ) Delete  
Name: FINK, LAURA  
Address: 10101 SW 152ND ST  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: FORTNER, BOBBI  
Address: 1 RAIDER PLACE  
City-St-Zip: PLANT CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DOTTIE YOST

MRS

01/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date