

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000058

FILED  
Jan 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

FLORIDA HOSA  
14646 NW 151ST BLVD  
ALACHUA, FL 32615

**New Principal Place of Business:**

FLORIDA HOSA  
13570 NW 101ST DR SUITE 200  
ALACHUA, FL 32615

**Current Mailing Address:**

14646 NW 151ST BLVD  
ALACHUA, FL 32615

**New Mailing Address:**

FLORIDA HOSA  
13570 NW 101ST DR SUITE 200  
ALACHUA, FL 32615

**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  
14646 NW 151ST BLVD  
ALACHUA, FL 32615 US

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

DEVAULT, WILLIAM LLOYD  
13570 NW 101ST DR SUITE 200  
ALACHUA, FL 32615 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:

01/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: YOST, DOTTIE  
Address: 6443 NW PINEHURST DR  
City-St-Zip: ARCADIA, FL 34266

Title: P  
Name: DURKEE, ELIZABETH  
Address: 1485 SW CASHMERE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D  
Name: FORTNER, BOBBI  
Address: 1 RAIDER PLACE  
City-St-Zip: PLANT CITY, FL 33566

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: BOBBI FORTNER

D

01/12/2012

Electronic Signature of Signing Officer or Director

Date