FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002749 (0)

1. Corporation Name

THE NATIONAL VOLUNTARY HEALTH AGENCIES OF FLORID A, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 20590 ST. PETERSBURG FL 33742	POST OFFICE BOX 20590 ST. PETERSBURG FL 33742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1993
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-3218006 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHNSON, DAVID C
1113 45TH AVENUE N.E.
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

N/A — No Change

SIGNATURE: DAVID C. JOHNSON Executive Director — DATE: 3/28/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☒ Change ☐ Addition
NAME	MORREL, STUART	1.2 NAME		
STREET ADDRESS	1101 N LAKE DESTINY RD S 415	1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP		
TITLE	VC	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PEARSON, JULIAN	2.2 NAME		
STREET ADDRESS	1501 NW 9TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	S (D)	3.1 TITLE		☐ Change ☐ Addition
NAME	BURKE, CARRIE	3.2 NAME		
STREET ADDRESS	4705 BULLOCK COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☒ Change ☐ Addition
NAME	JORDA, LISA	4.2 NAME	TD	
STREET ADDRESS	4582 GUNN HWY	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	M (D)	5.1 TITLE		☐ Change ☐ Addition
NAME	GROOMS, JOHN	5.2 NAME		
STREET ADDRESS	5211 MANATEE AVE W	5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP		
TITLE	ED (D)	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DAVID C.	6.2 NAME		
STREET ADDRESS	1113 45TH AVE NE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP		

TD) Jerry Poffenberger
1646 Woodcock Rd. Palmetto BL 219
Orlando FL 32803

VD) Ms Nancy Carlton
1101 N. Lake Destiny Rd. S-415
Maitland FL 32751

TD) Marcia Stein
1211 N. Westshore, Suite 204
Tampa FL 33607

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: David C. Johnson Executive Director — 3/28/95 — 813-526-0256

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #

D. C. Johnson

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