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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33742-0590

3. Date Incorporated or Qualified: 06/18/1993
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 _____ DATE
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	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, JULIAN		1.2 NAME	
STREET ADDRESS	1501 NW 9TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARLTON, NANCY M		2.2 NAME	
STREET ADDRESS	1101 N LAKE DESTINY RD., STE 415		2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	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	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	POINTFIELD, SUZANNE		4.2 NAME	
STREET ADDRESS	1415 MAIN STREET 18		4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		4.4 CITY-ST-ZIP	
TITLE	M	☐ DELETE	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	☐ DELETE	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	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: DAVID C JOHNSON ~~MANAGER~~ 3/31/97 (813)526-0256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051450