

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 FLORIDA, INC.

Principal Place of Business

Mailing Address

**POST OFFICE BOX 20590
ST. PETERSBURG FL 33742**

**POST OFFICE BOX 20590
ST. PETERSBURG FL 33742**

3. Date Incorporated or Qualified

06/18/1993

4. FEI Number

59-3218006

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PEARSON, JULIAN	
STREET ADDRESS	1501 NW 9TH AVENUE	
CITY- ST- ZIP	MIAMI FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CARLTON, NANCY M	
STREET ADDRESS	1101 N LAKE DESTINY RD., STE 415	
CITY- ST- ZIP	MATLAND FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BURKE, CARRIE	
STREET ADDRESS	4705 BULLOCK COURT	
CITY- ST- ZIP	TAMPA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	POINTFIELD, SUZANNE	
STREET ADDRESS	1415 MAIN STREET 18	
CITY- ST- ZIP	DUNEDIN FL	

TITLE	M	<input type="checkbox"/> DELETE
NAME	GROOMS, JOHN	
STREET ADDRESS	5211 MANATEE AVE W	
CITY- ST- ZIP	BRADENTON FL	

TITLE	ED	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAVID C.	
STREET ADDRESS	1113 45TH AVE NE	
CITY- ST- ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	

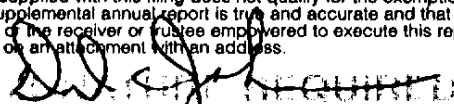
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I 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:



4/13/98 813-526-0256

CF2E037 (10/97)