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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90221 049 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000002749**

1. Corporation Name

**THE NATIONAL VOLUNTARY HEALTH AGENCIES OF FLORIDA, INC.**

Principal Place of Business

POST OFFICE BOX 20590  
ST. PETERSBURG FL 33742

Mailing Address

POST OFFICE BOX 20590  
ST. PETERSBURG FL 33742



2. Principal Place of Business

21 **P.O. Box 55127**

Suite, Apt. #, etc.

22

City & State

23 **St Petersburg FL**

Zip

24 **33732**

Country

2a. Mailing Address

26 **P.O. Box 55127**

Suite, Apt. #, etc.

27

City & State

28 **St Petersburg FL**

Zip

29 **33732**

Country

3. Date Incorporated or Qualified

**06/18/1993**

4. FEI Number

**59-3218006**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

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

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

**3/15/99**

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **PEARSON, JULIAN**  
STREET ADDRESS **1501 NW 9TH AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VPD** ☐ DELETE

NAME **CARLTON, NANCY M**  
STREET ADDRESS **1101 N LAKE DESTINY RD., STE 415**  
CITY-ST-ZIP **MAITLAND FL**

TITLE **S** ☐ DELETE

NAME **BURKE, CARRIE**  
STREET ADDRESS **4705 BULLOCK COURT**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE

NAME **POINTFIELD, SUZANNE**  
STREET ADDRESS **1415 MAIN STREET 18**  
CITY-ST-ZIP **DUNEDIN FL**

TITLE **M** ☐ DELETE

NAME **GROOMS, JOHN**  
STREET ADDRESS **5211 MANATEE AVE W**  
CITY-ST-ZIP **BRADENTON FL**

TITLE **ED** ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/99**

Date

**727 526-0256**

Daytime Phone #

CR2E037 (4/98)