2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000002749

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: THE NATIONAL VOLUNTARY HEALTH AGENCIES OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 55127
ST. PETERSBURG, FL 33732 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 55127
ST. PETERSBURG, FL 33732 US

New Mailing Address:

FEI Number: 59-3218006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: ______________________________

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: PEARSON, JULIAN
Address: 1501 NW 9TH AVENUE
City-St-Zip: MIAMI, FL

Title: VPD ( ) Delete
Name: CARLTON, NANCY M
Address: 1101 N LAKE DESTINY RD., STE 415
City-St-Zip: MAITLAND, FL

Title: S ( ) Delete
Name: BURKE, CARRIE
Address: 4705 BULLOCK COURT
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete
Name: POINTFIELD, SUZANNE
Address: 1415 MAIN STREET 18
City-St-Zip: DUNEDIN, FL

Title: M ( ) Delete
Name: GROOMS, JOHN
Address: 5211 MANATEE AVE W
City-St-Zip: BRADENTON, FL

Title: ED ( ) Delete
Name: JOHNSON, DAVID C.
Address: 1113 45TH AVE NE
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID C. JOHNSON ED 04/30/2002

Electronic Signature of Signing Officer or Director Date