

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90113 045 ****61.25

DOCUMENT # N93000002749

1. Entity Name

THE NATIONAL VOLUNTARY HEALTH AGENCIES OF FLORIDA, INC.



Principal Place of Business

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

Mailing Address

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

90085056



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3218006**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **Mr Alfred Massidas**
STREET ADDRESS **Cancer Research Institute**
CITY-ST-ZIP **681 Fifth Avenue**
Chairperson, CHC of Florida
New York, NY 10022

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

TITLE ☒ Change ☐ Addition
NAME **Ms. Sandra Kessler**
STREET ADDRESS **American Lung Association**
CITY-ST-ZIP **Vice Chairperson, CHC of FL**
5526 Arlington Road
Jacksonville, FL 32211

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

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Ms. Stephanie Dulac**
CITY-ST-ZIP **Spina Bifida Association**
807 Children's Way
Secretary, CHC of Florida
Jacksonville, FL 32207

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

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **Ms Sandy Frear**
CITY-ST-ZIP **Lupus Foundation of Florida**
300 S. Duncan Ave., Suite 235B
Treasurer, CHC of Florida
Clearwater, FL 33756

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

TITLE ☒ Change ☐ Addition
NAME **m**
STREET ADDRESS **Ms Susan Cuellar**
CITY-ST-ZIP **Arthritis Foundation**
3816 Linebaugh Ave., Suite 303
At Large Ex. Committee Member
Tampa, FL 33624

TITLE ☒ Delete
NAME **ED**
STREET ADDRESS **JOHNSON, DAVID C.**
CITY-ST-ZIP **1113 45TH AVE NE**
ST. PETERSBURG FL

TITLE ☒ Change ☐ Addition
NAME **ED**
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

David C. Johnson 4/11/03 727-526-0256

CR2E037 (10/02)