

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003264

1. Entity Name

PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90020 031 ****61.25

Principal Place of Business

1301 W MORENO ST
PENSACOLA FL 32501
US

Mailing Address

1301 W MORENO ST
PENSACOLA FL 32501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3393911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNN, PAT
1301 W MORENO ST
PENSACOLA FL 32523

7. Name and Address of New Registered Agent

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.

SIGNATURE

N/A

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LANZA, JOHN M MD
STREET ADDRESS 1295 W. FAIRFIELD DR.
CITY-ST-ZIP PENSACOLA FL 32501

TITLE D ☐ Delete
NAME MILLER, B.D. M
STREET ADDRESS P.O. BOX 11157 N/A
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete
NAME CALFEE, CAROL
STREET ADDRESS C/O SANTA ROSA SCHOOL SYSTEM, 603 CANAL ST
CITY-ST-ZIP MILTON FL

TITLE D ☐ Delete
NAME HUFSTADER, ROBERT
STREET ADDRESS C/O NAS HOSPITAL, 6000 WEST HIGHWAY #98
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete
NAME HARAGEONES, MANNY
STREET ADDRESS C/O HALL CENTER, 30 E TEXAR ST.
CITY-ST-ZIP PENSACOLA FL

TITLE ☒ Delete
NAME Sec. Director
STREET ADDRESS TED Hendry
CITY-ST-ZIP C/O United Way Esc. County
1301 West Government St.
Pensacola, FL 32501

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Patricia Nunez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)