


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90067 023 \*\*\*\*61.25

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| <b>DOCUMENT # N96000003264</b><br>1. Entity Name<br><b>PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.</b>  |  |   |   |                                  |   |
| Principal Place of Business<br><b>1301 W MORENO ST<br/>PENSACOLA, FL 32501 US</b>   |  |   | Mailing Address<br><b>1301 W MORENO ST<br/>PENSACOLA, FL 32501 US</b>   |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |   |
| City & State  |  |   | City & State  |   |   |
| Zip   |  | Country   |   | Zip   |   |
| Country   |  | Country   |   | 4. FEI Number<br><b>59-3393911</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><b>DUNN, PAT</b><br><b>1301 W MORENO ST</b><br><b>PENSACOLA, FL 32501</b><br><i>Same Agent New Address: 1717 N.E. Street Suite 320 Pensacola, FL 32501</i>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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.   |  |   |   | FL Zip Code   |   |
| SIGNATURE <i>PAT DUNN</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |   | DATE<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                               |   |
| <b>Filing fee is \$61.25</b><br><b>Due by September 7, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>Make check payable to Florida Department of State</b>  |  | 10. OFFICERS AND DIRECTORS  |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LANZA, JOHN M MD<br>1295 W. FAIRFIELD DR.<br>PENSACOLA, FL 32501 <input type="checkbox"/> Delete              |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ZIMINEM, BEVERLY<br>CITYT COUNCIL, 1070 SHORELINE DR<br>GULF BREEZE, FL 32561 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><i>Administrator Don Turner Escambia Community Clinic 2200 N. Palafox St., Pensacola, FL 32501</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CALFEE, CAROL<br>C/O SANTA ROSA SCHOOL SYSTEM, 603 CANAL ST<br>MILTON, FL <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BUCK, RICHARD<br>6000 WEST HIGHWAY #98<br>PENSACOLA, FL <input checked="" type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HARAGEONES, MANNY<br>C/O HALL CENTER, 30 E TEXAR ST.<br>PENSACOLA, FL <input type="checkbox"/> Delete         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>KOZAR, MIKE<br>6002 BERRY HILL RD<br>MILTON, FL 32370 <input type="checkbox"/> Delete                         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |
| 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: <i>Patricia Dunn</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | 9/2/2005<br><small>Date</small>   |   | 850<br>478-4297<br><small>Daytime Phone #</small> |