

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006989

FILED  
Jan 27, 2005  
Secretary of State

**Entity Name:** FLORIDA COALITION FOR SCHOOL-BASED HEALTH CARE, INC.

**Current Principal Place of Business:**

16555 NW 25 AVE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

16555 NW 25 AVE  
OPA LOCKA, FL 33054

**New Mailing Address:**

JTMF SCHOOL HEALTH INITIATIVE  
P.O. BOX 016700 (R700)  
MIAMI, FL 33101

**FEI Number:** 31-1710797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UDELL, MICHAEL B ESQ.  
5400 S UNIVERSITY DR  
STE #117  
DAVIE, FL 33328 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: P ( ) Delete  
Name: STAUFFER, PATRICIA A  
Address: 14360 LAKE CRESCENT PL  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP ( ) Delete  
Name: SCHANTZ, SHIRLEY  
Address: 11300 NE 2ND AVE  
City-St-Zip: MIAMI, FL 33162

Title: T ( ) Delete  
Name: LA ROSA, JENINE DE  
Address: 1751 NW 36TH ST  
City-St-Zip: MIAMI, 33 33142

Title: S (X) Delete  
Name: TRAPP, ANGELA  
Address: 3422 N W 187TH AVE  
City-St-Zip: MIAMI, FL 33056

Title: PP (X) Delete  
Name: GILLILAND, LINDA  
Address: 1100 N W 71ST ST  
City-St-Zip: MIAMI, FL 33150

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: TRAPP, ANGELA  
Address: 3422 N W 187TH AVE  
City-St-Zip: MIAMI, FL 33056

Title: PP (X) Change ( ) Addition  
Name: HOLDER, CHERYL MD  
Address: 16555 NW 25 AVE  
City-St-Zip: OPA LOCKA, FL 33054

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: PATRICIA A. STAUFFER

PRES

01/27/2005

Electronic Signature of Signing Officer or Director

Date