2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
09-12-2001 90107 028 ****70.00

DOCUMENT # N00000004165

1. Entity Name

COALITION FOR THE HEALTH AND ADVOCACY OF RURAL M

Principal Place of Business	Mailing Address
C/O DR. JOELLE SIMON RT. 3. BOX 540 STARKE FL 32091	C/O DR. JOELLE SIMON RT. 3. BOX 540 STARKE FL 32091

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
395 W. Main St.	901 NW 8th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite A-4
City & State Lake Butler, FL	City & State GAinesville, FL
Zip 32054 Country USA	Zip 32601 Country USA

4. FEI Number 59-3667311 ☐ Applied For ☐ Not Applicable

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
BROWN, EMMA J DR. 2850 SE 24TH PL. GAINESVILLE FL 32641	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 Emma J. Brown Emma J. Brown, Board President 9/10/01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, EMMA J DR. 2850 SE 24TH PL. GAINESVILLE FL 32641	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jones, Mattie Rt. 22, Box 350 Lake City, FL 32024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SIMON, JOELLE DR. RT. 3, BOX 540 STARKE FL 32091	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jackson--Thomas, Sharon 810 SE 7th Ave. Lake Butler, FL 32054	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARREN, ELMIRA MS. 5516 NW 29TH TERR. GAINESVILLE FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAKE, O.J. MR. P.O. BOX 1136 LAKE CITY FL 32056-1136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CHELETTE, ANGELA MSW 3316 SW 41ST PL. GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Melvina Wilson REQUIRED Melvina Wilson, Executive Director 9/7/01 (352)264-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR