2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90046 040 ****61.25

DOCUMENT # N00000004165

1. Entity Name
COALITION FOR THE HEALTH AND ADVOCACY OF RURAL MINORITIES, INC.

Principal Place of Business	Mailing Address
901 NW 8TH AVE A-4 GAINESVILLE, FL 32601	~~P.O. BOX 358~~ ~~LAKE BUTLER, FL 32054~~ / Delete

02032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. A-4
City & State	City & State Gainesville FL
Zip / Country	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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 / 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	D Hill, Mary A 9711 SW 75th Way Gainesville, FL 32608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JONES, MATTIE RT 22 BOX 350 LAKE CITY, FL 32024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Baker, Gwen B 1482 NE 216th Street Lawtey, FL 32058	☐ 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	SD JACKSON-THOMAS, SHARON 810 SE 7TH AVENUE LAKE BUTLER, FL 32054	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, OLIVIA MRS P.O. BOX 22 LAWTEY, FL 32058	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP IVEY, MARLON M 13768 C.R. 132 LIVE OAK, FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Emma J. Brown Emma J. Brown 3/1/05 352 264-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #