2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N00000004165

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

Current Principal Place of Business:

2198 SOUTH MARION AVE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2407
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3667311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HILL, MARY A DR
9711 SW 75TH WAY
GAINESVILLE, FL 32608 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: D
Name: COOPER, ELNORA MS
Address: 185 NE MILTON TERRACE
City-St-Zip: LAKE CITY, FL 32055

Title: S/T
Name: JONES, MATTIE MRS
Address: RT 22 BOX 350
City-St-Zip: LAKE CITY, FL 32024

Title: VP
Name: HILL, MARY A DR
Address: 9711 SW 75TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: P
Name: SCOTT, OLIVIA MRS
Address: P.O. BOX 22
City-St-Zip: LAWTEY, FL 32058

Title: D
Name: MERRICK, LOIS MRS
Address: 342 SW RUDGE STREET
City-St-Zip: LAKE CITY, FL 32024

I hereby 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 all other like empowered.

SIGNATURE: MARY A. HILL VP 01/05/2011

Electronic Signature of Signing Officer or Director Date