

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03847

FILED  
Feb 24, 2004  
Secretary of State

**Entity Name:** BOND COMMUNITY HEALTH CENTER, INC.

**Current Principal Place of Business:**

710 W ORANGE AV  
TALLAHASSEE, FL 32310 US

**New Principal Place of Business:**

710 W ORANGE AVE.  
TALLAHASSEE, FL 32310 US

**Current Mailing Address:**

710 WEST ORANGE AVENUE  
TALLAHASSEE, FL 32310 US

**New Mailing Address:**

**FEI Number:** 59-2426414      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RICHARDS, J.R.  
710 W ORANGE AVENUE  
TALLAHASSEE, FL 32310 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: CD ( ) Delete  
Name: WILLIAMS, ALFRED  
Address: 605 GORE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DT ( ) Delete  
Name: ANDERSON, CHARLES  
Address: 6567 MONTROSE TR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: STIGAR, TOMMY  
Address: 2502-B HOLTON ST., APT 221-D  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete  
Name: HOOD, KATHY  
Address: 3109 FIELDSTONE LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: FLYTHE, LORINE  
Address: 829 APACHE STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: M ( ) Delete  
Name: RICHARDS, J.R. CEO  
Address: 710 W ORANGE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32310 US

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

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

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

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

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

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: J.R. RICHARDS, MPA

CEO

02/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date