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Jun 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36121
1. Corporation Name
COMMUNITY HEALTH CARE FOUNDATION, INC.

Principal Place of Business Mailing Address
C/O CT CORPORATION SYSTEM 299 SANTA PAULA
1200 S. PINE ISLAND ROAD SAN FRANCISCO, CA 94127
PLANTATION, FL. 33329

3. Date Incorporated or Qualified 1-17-90 3a. Date of Last Report 12-9-96
4. FEI Number 65-0186567 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL. 33329

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	MRS. BRIGIT ANDERSON	
STREET ADDRESS	299 WARREN AVE.	
CITY-ST-ZIP	SILVERTHORPE, CO. 80498	
TITLE	REGISTRAR AND DIRECTOR	<input type="checkbox"/> DELETE
NAME	MRS. THOMAS S. GRIGG	
STREET ADDRESS	299 SANTA PAULA	
CITY-ST-ZIP	SAN FRANCISCO, CA 94127	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	MRS. JANET W. GRIGG	
STREET ADDRESS	299 SANTA PAULA	
CITY-ST-ZIP	SAN FRANCISCO, CA 94127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MRS. BRIGIT ANDERSON	
1.3 STREET ADDRESS	299 WARREN AVE.	
1.4 CITY-ST-ZIP	SILVERTHORPE, CO. 80498	
2.1 TITLE	PRESIDENT AND DIRECTOR (POD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MRS. THOMAS S. GRIGG	
2.3 STREET ADDRESS	299 SANTA PAULA	
2.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94127	
3.1 TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MRS. JANET W. GRIGG	
3.3 STREET ADDRESS	299 SANTA PAULA	
3.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94127	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas S. Grigg Date: 6-23-97 Daytime Phone #: 415-665-6380

CR2E037 (9/96)