

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra G. Morthahn Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N36121 (4)
 1. Corporation Name
COMMUNITY HEALTH CARE FOUNDATION, INC.



Principal Place of Business % C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Mailing Address 299 SANTA PAULA SANFRANCISCO CA 94127
---	---

3. Date Incorporated or Qualified 01/17/1990	
4. FEI Number 65-0186567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 5500 39th Street
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. Groves Tx
24. Country	29. Zip
	30. Jefferson

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name Dan Carter	
82. Street Address (P.O. Box Number is Not Acceptable) International Trading Group	
83. 440 Livingston Road	
84. City Naples	85. Zip Code FL 34109

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	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, BRIGIT MS	
STREET ADDRESS	249 WARREN AVE.	
CITY-ST-ZIP	SILVERTHORNE CO 80408	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRIGGS, THOMAS S MR	
STREET ADDRESS	299 SANTA PAULA	
CITY-ST-ZIP	SAN FRANCISCO CA 94127	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIGGS, JANET W MRS	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steve Verret	
1.3 STREET ADDRESS	1949 Procter Street	
1.4 CITY-ST-ZIP	Port Arthur, Texas 77640	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jack Taylor, D.O.	
2.3 STREET ADDRESS	3749 39th Street	
2.4 CITY-ST-ZIP	Groves, Texas 77619	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joel Livingston	
3.3 STREET ADDRESS	5601 39th Street	
3.4 CITY-ST-ZIP	Groves, Texas 77619	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Waymon Hallmark	
4.3 STREET ADDRESS	525 Lakeshore Drive	
4.4 CITY-ST-ZIP	Port Arthur, Texas 77640	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert A. Bowling, D.O.	
5.3 STREET ADDRESS	19690 Bowling Road	
5.4 CITY-ST-ZIP	Beaumont, Texas 77705	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 in an attachment with an address.

SIGNATURE: _____ **SIGNATURE REQUIRED** 3/17/98 409-963-5180

CR2E037 (10/97)