

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002749

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: COMMUNITY HEALTH CHARITIES OF FLORIDA, INC.

**Current Principal Place of Business:**

3269 CRAWFORDVILLE HWY UNIT 2  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1049  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

FEI Number: 59-3218006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

COOPER, GWEN  
3297 SMITH CREEK HWY  
SOPCHOPPY, FL 32358 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: DULAC, MS STEPHANIE  
Address: 807 CHILDREN'S WAY/SPINA BIFIDA ASSOC.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD ( ) Delete  
Name: EDDY, MS. MARIA  
Address: 202 SOUTH 22ND ST SUITE 104  
City-St-Zip: YBOR CITY, FL 33605

Title: S ( ) Delete  
Name: HAYNES, MS. FRANCINE  
Address: 1350 N. ORANGE AVE. SUITE 227  
City-St-Zip: WINTER HAVEN, FL 32789

Title: TD ( ) Delete  
Name: CAESAR, MS. TAMI  
Address: 3659 MCGUIRE BLVD. SUITE 110  
City-St-Zip: ORLANDO, FL 32803

Title: M ( ) Delete  
Name: CUELLAR, MS. SUSAN  
Address: 3816 LINEBAUGH AVE STE 303/ARTHRITIS FOUND  
City-St-Zip: TAMPA, FL 33624

Title: CEO ( ) Delete  
Name: COOPER, MS. GWEN  
Address: 3269 CRAWFORDVILLE HWY UNIT 2  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: CD (X) Change ( ) Addition  
Name: KING, MS STEPHANIE  
Address: 807 CHILDREN'S WAY/SPINA BIFIDA ASSOC.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD (X) Change ( ) Addition  
Name: ALEXANDER, MS DARA  
Address: 5005 W. LAUREL AT. SUITE 110  
City-St-Zip: TAMPA, FL 33607

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

Title: TD (X) Change ( ) Addition  
Name: NELSON, MR. CHARLIE  
Address: 2701 MAITLAND CENTER PKWY SUITE 100  
City-St-Zip: MAITLAND, FL 32751

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 Chapter 119, 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: GWEN COOPER

CEO

01/05/2006

Electronic Signature of Signing Officer or Director

Date