


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90055 001 \*\*\*\*61.25

**DOCUMENT # N94000002799**

1. Entity Name  
**ST. JOHNS RIVER RURAL HEALTH NETWORK, INC.**



Principal Place of Business  
 C/O CHERYLL LESNESKI  
 2801 KENNEDY STREET  
 PALATKA, FL 32177-4100

Mailing Address  
 C/O CHERYLL LESNESKI  
 2801 KENNEDY STREET  
 PALATKA, FL 32177-4100

50030250

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

02032005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3246566**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEALTH PLANNING COUNCIL OF NE FLA, INC**  
**LORI A. BILELLO**  
**900 UNIVERSITY BLVD, N. STE 110**  
**JACKSONVILLE, FL 32211**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAUFONON, JESSICA 1845 HOLSONBACK DR. DAYTONA BEACH, FL 32120	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAUGH, LAUREY 2801 KENNEDY ST PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNLAVEY, KERRY 657 SO 6TH ST MACCLENNY, FL 32063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUDSON, DOTTIE 1955 US #1 SO SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P Alice Richards 1955 US #1 South Saint Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Patrick Johnson 301 S. Lemna St. Bunnell, FL 32110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

**SIGNATURE:** *Kerry E Dunlavy* **3/3/05** 904-259-6291  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *x2242*