


FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004513 (5)  
1. Corporation Name  
**GREENWOOD COMMUNITY HEALTH RESOURCE CENTER, INC.**

Principal Place of Business: 1000 N GREENWOOD AVE BLDG 1 APT 8 CLEARWATER FL 34615  
Mailing Address: 1000 N GREENWOOD AVE BLDG 1 APT 8 CLEARWATER FL 34615-3324



2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country

3. Date Incorporated or Qualified: 08/29/1996  
3a. Date of Last Report  
4. FEI Number: 65-0743078  
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

9. Name and Address of Current Registered Agent  
CÁRSON, WILLA  
1777 HARBOR DR  
CLEARWATER FL 34615

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

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: *Willa Carson* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | SCHWEITZER, PETER   |                                 |
| STREET ADDRESS | 820 JASMINE WAY     |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 34616 |                                 |
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | VINCENT, DEBORAH    |                                 |
| STREET ADDRESS | 210 S EWING AVE     |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 34617 |                                 |
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | GOSS, THERESA C     |                                 |
| STREET ADDRESS | 1201 MACRAE AVE     |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 34630 |                                 |
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | DEEGAN, ART         |                                 |
| STREET ADDRESS | 891 ISLAND WAY      |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 34630 |                                 |
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | CARSON, WILLA       |                                 |
| STREET ADDRESS | 1777 HARBOR DR      |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 34615 |                                 |
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | LYTTLE, HENRY       |                                 |
| STREET ADDRESS | 1143 BARBARA CT     |                                 |
| CITY-ST-ZIP    | LARGO FL 34640      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 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    |   |

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: *Deborah Vincent* 4-297 461-5777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 8/13 Daytime Phone #: 0000700

CR2E037 (9/96)