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03-06-1999 90128 044 ****70.00

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004513

1. Corporation Name
GREENWOOD COMMUNITY HEALTH RESOURCE CENTER, INC.

Principal Place of Business
1001 N GREENWOOD AVE
SUITE 2201
CLEARWATER FL 33755

Mailing Address
1001 N GREENWOOD AVE
SUITE 2201
CLEARWATER FL 33755



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1001 N. Greenwood Ave		26		08/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Bldg 22-Apt 1 + 2		27		65-0743078	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Clearwater Pinellas		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 33755		25		29	
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARSON, WILLA L. 1777 HARBOR DR CLEARWATER FL 34615				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 L. Carson* *President of the Board* DATE 2-15-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	CARSON, WILLA	1.2 NAME	Showers, Gregory
STREET ADDRESS	1777 HARBOR DR	1.3 STREET ADDRESS	133 N. Ft Harrison
CITY-ST-ZIP	CLEARWATER FL 33755	1.4 CITY-ST-ZIP	Clearwater, FL 33755
TITLE	VPD	2.1 TITLE	D
NAME	DEEGAN, ART	2.2 NAME	Renfrow, Jeannie
STREET ADDRESS	891 ISLAND WAY	2.3 STREET ADDRESS	600 - Cleveland St
CITY-ST-ZIP	CLEARWATER FL 33767	2.4 CITY-ST-ZIP	Clearwater, FL 33755
TITLE	STD	3.1 TITLE	D
NAME	JOHNSON, JANICE	3.2 NAME	Heastie, Joseph
STREET ADDRESS	210 S EWING AVE	3.3 STREET ADDRESS	612 W. 2nd St unit 204
CITY-ST-ZIP	CLEARWATER FL 33756	3.4 CITY-ST-ZIP	Erie, Pa 16507
TITLE	D	4.1 TITLE	D
NAME	GOSS, THERESA C	4.2 NAME	French, Deborah M.D.
STREET ADDRESS	1201 MCRAE AVE	4.3 STREET ADDRESS	1305 - S. Ft HARRISON
CITY-ST-ZIP	CLEARWATER FL 33767	4.4 CITY-ST-ZIP	Clearwater, FL 33756
TITLE	D	5.1 TITLE	D
NAME	CAZARES, GABE	5.2 NAME	Benson, Granger M.D.
STREET ADDRESS	2581 COUNTRYSIDE BLVD #301	5.3 STREET ADDRESS	1551 W Bay Drive
CITY-ST-ZIP	CLEARWATER FL 33761	5.4 CITY-ST-ZIP	Largo, FL
TITLE	D	6.1 TITLE	
NAME	SHERMAN, WILLIAM F	6.2 NAME	
STREET ADDRESS	1014 PENNSYLVANIA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Carson* DATE: 2-18-99 DAYTIME PHONE: 727-467-9411

CR2E037 (11/98)