

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90392 033 ****61.25

DOCUMENT # N96000004513

1. Entity Name

GREENWOOD COMMUNITY HEALTH RESOURCE CENTER, INC.

Principal Place of Business

Mailing Address

1001 N GREENWOOD AVE
 BLDG 22 #1 & 2
 CLEARWATER FL 33755

1001 N GREENWOOD AVE
 SUITE 2201
 CLEARWATER FL 33755-3324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0743078

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, WILLA
1777 HARBOR DR
CLEARWATER FL 34615

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.

SIGNATURE

Willa L. Carson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME CARSON, WILLA
 STREET ADDRESS 1777 HARBOR DR
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE TD Change Addition
 NAME JAMES AYER
 STREET ADDRESS 7920 JAYWOOD RD
 CITY-ST-ZIP LARGO, FL 33777

TITLE VPD Delete
 NAME DEEGAN, ART
 STREET ADDRESS 891 ISLAND WAY
 CITY-ST-ZIP CLEARWATER FL 33767

TITLE VPD Change Addition
 NAME Gregory Dean
 STREET ADDRESS 1305 S. Ft. Harrison Avenue
 CITY-ST-ZIP Clearwater, FL 33756

TITLE SD Delete
 NAME JOHNSON, JANICE
 STREET ADDRESS 210 S EWING AVE
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME GOSS, THERESA C
 STREET ADDRESS 1201 MCRAE AVE
 CITY-ST-ZIP CLEARWATER FL 33767

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME CAZARES, GABE
 STREET ADDRESS 2581 COUNTRYSIDE BLVD #301
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SHERMAN, WILLIAM F
 STREET ADDRESS 1014 PENNSYLVANIA AVE
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

James Ayer **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

(127) 397-3978

Date

Daytime Phone #

CR2E037 (9/99)