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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N97000000549 (2)**

1. Corporation Name

COUNCIL OF CHURCH-BASED HEALTH PROGRAMS, INC.

Principal Place of Business	Mailing Address
2639 NORTH MONROE STREET SUITE 145-B TALLAHASSEE FL 32303	2639 NORTH MONROE STREET SUITE 145-B TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: 01/31/1997

4. FEI Number: 59-3425955 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
2639 NORTH MONROE STREET
SUITE 145-B
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Gregory J. Harris
82 Street Address (P.O. Box Number is Not Acceptable): 2639 No. Monroe St.
83: Suite 145-B
84 City: Tallahassee FL 85 Zip Code: 32303

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: _____ 1/12/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, EARNESTINE		1.2 NAME		
STREET ADDRESS	2639 NORTH MONROE STREET, SUITE 145-B		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VARNER, ELEASE		2.2 NAME		
STREET ADDRESS	2639 NORTH MONROE STREET, SUITE 145-B		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LONG, EMMETT JR		3.2 NAME		
STREET ADDRESS	2639 NORTH MONROE STREET, SUITE 145-B		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Emmett Long SIGNATURE REQUIRED 1/12/98 (850)592-5088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0006048