2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
01-16-2002 90067 045 ****61.25

DOCUMENT # N97000003481

1. Entity Name

COMMUNITY HEALTH TASK FORCE, INC.

Principal Place of Business	Mailing Address
C/O BAY COUNTY HEALTH DEPT. 597 W 11TH ST. PANAMA CITY FL 32401-2330	C/O BAY COUNTY HEALTH DEPT. 597 W 11TH ST. PANAMA CITY FL 32401-2330

13845

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3452504 ☐ Applied For ☐ Not Applicable

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
HARRISON, WILLIAM G JR 304 MAGNOLIA AVENUE PANAMA CITY FL 32401	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 [signature] 1/10/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHITIS, JUDY Y C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST PANAMA CITY FL 32401-2330	☒ Delete	Chairperson Tim Warner 597 W. 11th St. Panama City, FL 32401	☒ Change ☐ Addition D-President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TAYLOR, RICHARD STEVE DR C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST PANAMA CITY FL 32401-2330	☒ Delete	Vice Chairperson Harry Dean 597 W. 11th St. Panama City, FL	☒ Change ☒ Addition D-Vice President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MATTHEWS, MARY D-Secretary C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST PANAMA CITY FL 32401-2330	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RANDALL, WILLIAM S D-Treasurer C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST PANAMA CITY FL 32401-2330	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WARNER, TIM 597 W 11TH ST/BAY CTY HLTH DEPT PANAMA CITY FL 32401	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KNAFELE, MARIE 597 W 11TH ST/BAY CTY HLTH DEPT PANAMA CITY FL 32401	☒ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 1/10/02 (850) 872-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # Ext. 210