# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 20, 2009**
**Secretary of State**

DOCUMENT# N97000003481

**Entity Name:** COMMUNITY HEALTH TASK FORCE, INC.

**Current Principal Place of Business:**

431 OAK AVE
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 975
PANAMA CITY, FL 32402

**New Mailing Address:**

**FEI Number: 59-3452504** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRISON, WILLIAM G JR
304 MAGNOLIA AVENUE
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete
Name: HARNED, ROBERT
Address: 2020 THOMAS DRIVE SUITE 3
City-St-Zip: PANAMA CITY, FL 32408

Title: VP ( ) Delete
Name: MILLLER, LORETTA
Address: 651 W. 14TH ST. STE. D
City-St-Zip: PANAMA CITY, FL 32401

Title: DS ( ) Delete
Name: MATTHEWS, MARY
Address: C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST
City-St-Zip: PANAMA CITY, FL 324012330

Title: DT ( ) Delete
Name: GREEN, MEREDITH
Address: 615 N. BONITA AVE
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: SHARPE, RON
Address: P. O. BOX 586
City-St-Zip: PANAMA CITY, FL 32402

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY MATTHEWS DS 02/20/2009

Electronic Signature of Signing Officer or Director — Date