

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03847

**Entity Name:** BOND COMMUNITY HEALTH CENTER, INC.**Current Principal Place of Business:**1720 SOUTH GASDEN ST.  
TALLAHASSEE, FL 32301**Current Mailing Address:**1720 SOUTH GASDEN ST.  
TALLAHASSEE, FL 32301 US**FEI Number:** 59-2426414**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, TEMPLE O  
1720 SO. GADSDEN  
TALLAHASSEE, FL 32301 US*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name JEFFERSON, ANTONIO  
Address 3967 PINTA COURT  
City-State-Zip: TALLAHASSEE FL 32331

Title TREASURER  
Name OKONKWO, PETER  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY  
Name BALLARD-FERGUSON, DORIS DR.  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title VC  
Name WILLIAMS, BRENDA  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name LAMAR, WILLIAM  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title CEO  
Name ROBINSON, TEMPLE O DR.  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name BEDELL, RUTH  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name BRODIE, WILLIAM  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

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*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN M. GRAYSON****CFO****04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JOYNER, CHRISTIE  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name LAWSON, DELORES DR.  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name PALM, DONALD DR.  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name SAWYERR, OLU  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name LANG, JERRY  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name OFUANI, SHARON  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name ROSARIO, MIA  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301

Title CFO  
Name GRAYSON, JOHN M  
Address 1720 SOUTH GASDEN ST.  
City-State-Zip: TALLAHASSEE FL 32301