

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03847

Entity Name: BOND COMMUNITY HEALTH CENTER, INC.**Current Principal Place of Business:**1720 S GADSDEN ST
TALLAHASSEE, FL 32301**Current Mailing Address:**1720 S GADSDEN 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 S GADSDEN ST
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 CEO
Name ROBINSON, TEMPLE O DR.
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER
Name BRODIE, WILLIAM
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title VC
Name BRONSON, SEVILLA
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY
Name VASQUEZ, JUAN
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name ROSARIO, MIA
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title CFO
Name GRAYSON, JOHN M
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title COO
Name DEANE, MARSHUN
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIRMAN
Name PARKS, DARRYL ESQ.
Address 1720 S GADSDEN 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****04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CMO
Name DAMON, MCMILLAN DR.
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name BOLDIS-MCCONLEY, ANAMARIA
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name BRYANT, ELAINE
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name HALL, JOKETRA
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name AMANZE, NNAEMEKA DR.
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name LAM, YEN
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name GREEN, MAICEL
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name OGDEN, BEVELYN
Address 1720 S GADSDEN ST
City-State-Zip: TALLAHASSEE FL 32301