

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 28 1996 8:00 am  
Secretary of State

DOCUMENT # 706602 (0)

1. Corporation Name

EARTHA M. M. WHITE HEALTH CARE, INC.

Principal Place of Business

5377 MONCRIEF RD.  
JACKSONVILLE FL 32209

Mailing Address

5377 MONCRIEF RD.  
JACKSONVILLE FL 32209



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

3. Date Incorporated or Qualified	3a. Date of Last Report
12/26/1963	02/16/1995
4. FEI Number	Applied For
59-1082637	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AUSTIN, RONALD, ESQ.  
1400 PRUDENTIAL DRIVE  
SUITE 3  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

Signature typed or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	CPD
NAME	OWENS, GREGORY	1.2 NAME	PASTOR DAVID THOMAS
STREET ADDRESS	10929 KNOTTINGBY DRIVE	1.3 STREET ADDRESS	11530 Laguna Court
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	Jacksonville, Florida 32218
TITLE	VCVD	2.1 TITLE	VCVD
NAME	BLANCHARD, DONALD	2.2 NAME	WILLIAM M. CAMPBELL
STREET ADDRESS	6351 CHRISTOPHER CREEK RD.W.	2.3 STREET ADDRESS	1701 First Street, Unit A1
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	Jacksonville, Florida 32250
TITLE	S	3.1 TITLE	S
NAME	AUSTIN, RONALD	3.2 NAME	HOWARD D. TAYLOR
STREET ADDRESS	1400 PRUDENTIAL DR., SUITE 3	3.3 STREET ADDRESS	125 Glen Eagle Court
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	Ponte Vedra, Florida 32082
TITLE	T	4.1 TITLE	T
NAME	JONES, KENNETH	4.2 NAME	CLEVE E. WARREN
STREET ADDRESS	1004 EDGEWOOD AVE., W.	4.3 STREET ADDRESS	10543 Arrowhead Court
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	Jacksonville, Florida 32257-6477
TITLE	AD	5.1 TITLE	
NAME	ROGERS, CONNIE M.	5.2 NAME	
STREET ADDRESS	11680 CARAPACE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	GCRA	6.1 TITLE	
NAME	AUSTIN, RONALD R	6.2 NAME	
STREET ADDRESS	1400 PRUDENTIAL DR. STE. 3	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CONNIE M. ROGERS

(904) 768-1506

Date Daytime Phone

CR2E037 (12/95)