

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

09-30-2004 90011 032 \*\*\*\*61.25

**DOCUMENT # 706602**

1. Entity 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

**54073629**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**233 East Bay Street**

Suite, Apt. #, etc.

**#920**



MOORE CR2E037 (4/04)

City & State

Zip

Country

City & State

**Jacksonville, Florida**

Zip

**32202**

Country

**USA**

4. FEI Number

**59-1082637**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARVEY, DEWAYNE-CEO**  
 1721 INDEPENDENCE BLVD STE A3  
 SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name

**Clyde M. Collins, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**233 East Bay Street #920**

**Jacksonville, Fl 32202-3456**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Clyde M. Collins, Jr.**

9/7/04

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, DEWAYNE	
STREET ADDRESS	5250 17TH ST STE-101	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, WILLIAM M	
STREET ADDRESS	4152 MONUMENT RD APT-805	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32225	

TITLE	VC	<input type="checkbox"/> Delete
NAME	TAYLOR, HOWARD D	
STREET ADDRESS	125 GLEN EAGLE CT	
CITY-ST-ZIP	PONTE VEDRA FL 32082	

TITLE	C	<input type="checkbox"/> Delete
NAME	WARREN, CLEVE E	
STREET ADDRESS	10543 ARROWHEAD COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE		<input type="checkbox"/> Delete
NAME	OWENS, GREGORY	
STREET ADDRESS	4873 JAYBIRD CIRCLE N	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE	D	<input type="checkbox"/> Delete
NAME	AUSTIN, RONALD R	
STREET ADDRESS	1400 PRUDENTIAL DR STE-1	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chair Warren, Cleve	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10901 Burnt Mill Road #502	
CITY-ST-ZIP	Jacksonville, FL 32256	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Cleve Warren*

9/15/04 (904) 355-0806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CLEVE WARREN**

Date

Daytime Phone #

**DIRECTOR**



Attachment

524073629

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 20, 2004

EARTHA M. M. WHITE HEALTH CARE, INC.  
233 EAST BAY STREET  
#920  
JACKSONVILLE, FL 32202

Subject: EARTHA M. M. WHITE HEALTH CARE, INC.

Reference Number 706602

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-  
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ml

ANNUAL REPORTS SECTION