


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90059 038 ****70.00

DOCUMENT # 708176 1. Entity Name COMMUNITY HEALTH ASSOCIATION, INC.					
Principal Place of Business % 9 BETH STACEY BLVD. SUITE 201 LEHIGH ACRES, FL 33936-6043			Mailing Address % 9 BETH STACEY BLVD. SUITE 201 LEHIGH ACRES, FL 33936-6043		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1088536	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VANHOOSE, H A 9 BETH STACEY BLVD. SUITE 201 LEHIGH ACRES, FL 33936-6043				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OLLIFF, JON R DDS 210 LAKE AVE, N LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Larry Turbeville 516 Lake Ave., N. Lehigh Acres, FL 33972
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VCD HARDIE, ROBERT J 203 OAKLAWN CT LEHIGH ACRES, FL 33972	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard D. Beck 1728 Englewood Ave. Lehigh Acres, FL 33972
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORVILLE, KURTZ 306 NCARTHUR AVE LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Darwin Richards 214 Lincoln Ave., SE Lehigh Acres, FL 33972
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, JAMES 116 ORTONA ST LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED H. A. Vanhooose 19002 Cypress View Dr. Ft. Myers, FL 33912
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMFLEET, ALLEN 711 LAKE AVE LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMFLEET, ALLEN 711 LAKE AVE LEHIGH ACRES, FL 33972
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VCD WALLACE, BARBARA 318 5TH AVE, N LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMFLEET, ALLEN 711 LAKE AVE LEHIGH ACRES, FL 33972
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>H A Vanhooose</u> H. A. Vanhooose				1/8/07 (239) 368-7070	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

Block 11 - Additions/Changes to Officers and Directors in 10

ATTACHMENT
40001837
708176

OFFICERS AND DIRECTORS JANUARY 4, 2007	
S/D LARRY TURBEVILLE 516 LAKE AVE., N. LEHIGH ACRES, FL 33972	D RICHARD D. BECK 1728 ENGLEWOOD AVE. LEHIGH ACRES, FL 33972
D DARWIN RICHARDS 214 LINCOLN AVE., S. E. LEHIGH ACRES, FL 33972	Executive Director H. A. VANHOOSE 19002 CYPRESS VIEW DR. FT. MYERS, FL 33912