

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716494

FILED
Mar 17, 2005
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA HEALTH PLANNING COUNCIL, INC.

Current Principal Place of Business:

18 N.W. 33RD COURT
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

18 N.W. 33RD COURT
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 23-7083163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORSINI, EDITH M
18 N.W. 33RD COURT
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

OLIVA, STEVEN J
18 N.W. 33RD COURT
GAINESVILLE, FL 32607 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: STEVEN J. OLIVA

03/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MICHELL, PAMELA W
Address: 2324 SE 14TH STREET
City-St-Zip: Ocala, FL 34471 US

Title: SD () Delete
Name: YATES, DEWAYNE
Address: PO BOX 640
City-St-Zip: TRENTON, FL 32693 US

Title: TD () Delete
Name: MARSHALL, BRYAN T
Address: 12009 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: PD () Delete
Name: BRAGG, STEVE
Address: 140 NAUTICA MILE DRIVE
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MICHELL, PAMELA W
Address: 2324 SE 14TH STREET
City-St-Zip: Ocala, FL 34471 US

Title: VD (X) Change () Addition
Name: YATES, DEWAYNE
Address: PO BOX 640
City-St-Zip: TRENTON, FL 32693 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: YOUNG, CECELIA
Address: ROUTE 2, BOX 651-B
City-St-Zip: LAKE BUTLER, FL 32054 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN J. OLIVA

ED

03/17/2005

Electronic Signature of Signing Officer or Director

Date