

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90314 025 \*\*\*\*61.25

**DOCUMENT # 717065**

1. Entity Name  
FORT MEADE COMMUNITY HEALTH CARE, INC.



Principal Place of Business

3200 HWY 17 NORTH  
P.O. BOX 976  
FORT MEADE, FL 33841 US

Mailing Address

PO BOX 976  
FORT MEADE, FL 33841 US



01052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-7070181

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEDEN, MICHAEL D.  
3200 HWY 17 NORTH  
FT MEADE, FL 33841

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEDEN, MICHAEL D. 3200 HWY 17 NORTH FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHAMBERS, THELMA 330 N. LANIER AVE. FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARCHMAN, DONALD L. 425 N.E. 2ND ST. FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUNTER C. WAYNE 400 N. OAK AVE. FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*C. W. Gunter* C. W. GUNTER 4-14-04 863-285-8705