

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

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**



01042005 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

**STEDEM, 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 reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 STEDEM, 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	

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01/24/05-80101-014 61.25

**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 #

1/11/2005 263 285 2127