

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754720

FILED
Feb 26, 2009
Secretary of State

Entity Name: FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.

Current Principal Place of Business:

173 ALBRITTON LN
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 249
LAKE CITY, FL 320567249

New Mailing Address:

FEI Number: 59-2086283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LATOUR, LARRY
778 SW BISCAYNE GLEN
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PATTISON, DOROTHY
Address: 576 NW SPRING HOLLOW BLVD
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: TALMADGE, VICTORIA
Address: 321 SE FAWN GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: ROBERTS, SHELIA
Address: 393 SW SHORTLEAF DRIVE
City-St-Zip: LAKE CITY, FL 32024

Title: VP () Delete
Name: SCHAAFSMA, KEITH C
Address: 10278 SW TUSTENUGEE AVE
City-St-Zip: LAKE CITY, FL 32024

Title: PD () Delete
Name: LATOUR, LARRY
Address: 778 SW BISCAYNE GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: LEE, GAYNELL
Address: 632 NE FAIRVIEW STREET
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LARRY LATOUR

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date