

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90008 028 ****61.25

DOCUMENT # N00000004165

1. Entity Name

COALITION FOR THE HEALTH AND ADVOCACY OF RURAL MINORITIES, INC.

Principal Place of Business

Mailing Address

395 W MAIN ST
LAKE BUTLER FL 32054

901 NW 8TH AVENUE
SUITE A-4
GAINESVILLE FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Butler Fla.

Zip

Country

Zip

Country

32054

Univ.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3667311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, EMMA J DR.
2850 SE 24TH PL.
GAINESVILLE FL 32641

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.

SIGNATURE

Emma J. Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BROWN, EMMA J DR.
STREET ADDRESS 2850 SE 24TH PL.
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE Director ☐ Change ☒ Addition
NAME Marlon M. Ivey
STREET ADDRESS 13708 C.R. 132
CITY-ST-ZIP Live Oak, FL 32060

TITLE D ☐ Delete
NAME JONES, MATTIE
STREET ADDRESS RT 22 BOX 350
CITY-ST-ZIP LAKE CITY FL 32024

TITLE Director ☐ Change ☒ Addition
NAME Olivia T. Scott
STREET ADDRESS P.O. Box 22
CITY-ST-ZIP Lawtey, FL 32058

TITLE D ☐ Delete
NAME WARREN, ELMIRA MS.
STREET ADDRESS 5516 NW 29TH TERR.
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JACKSON-THOMAS, SHARON
STREET ADDRESS 810 SE 7TH AVENUE
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE Secretary, Director ☒ Change ☐ Addition
NAME Sharon Jackson-Thomas
STREET ADDRESS 810 SE 7th Ave.
CITY-ST-ZIP Lake Butler, FL 32054

TITLE STD ☐ Delete
NAME CHELETTE, ANGELA MSW
STREET ADDRESS 3316 SW 41ST PL.
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE Treasurer, Director ☒ Change ☐ Addition
NAME Angela Chelette
STREET ADDRESS 3316 SW 41st Place
CITY-ST-ZIP Gainesville, FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Emma J. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02

386-446-4467

Date Daytime Phone #

CR2E037 (9/01)