

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90008 040 \*\*\*\*61.25

**DOCUMENT # N00000004165**

1. Entity Name  
**COALITION FOR THE HEALTH AND ADVOCACY OF  
RURAL MINORITIES, INC.**



Principal Place of Business  
**395 W MAIN STREET  
LAKE BUTLER, FL 32054**

Mailing Address  
**P.O. BOX 358  
LAKE BUTLER, FL 32054**

**44049811**



2. Principal Place of Business

**901 NW 8th Ave**

3. Mailing Address

Suite, Apt. #, etc.

**A-4**

Suite, Apt. #, etc.

City & State

**Gainesville, Fla**

City & State

Zip

**32601**

Country

**Alachua**

Zip

Country

07072004

Chg-NP

CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Emma J. Brown*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/7/04**

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **D** ☒ Delete  
NAME **CHELETTE, ANGELA**  
STREET ADDRESS **3316 SW 41ST PL.**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **VP** ☐ Delete  
NAME **IVEY, MARLON M**  
STREET ADDRESS **13768 C.R. 132**  
CITY-ST-ZIP **LIVE OAK, FL 32060**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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* - Emma J. Brown 7/7/04 352-264-1883  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #