

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004165

FILED
Sep 03, 2008
Secretary of State

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

Current Principal Place of Business:

2198 SOUTH MARION AVE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2454
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-3667311 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HILL, MARY A DR
9711 SW 75TH WAY
GAINESVILLE, FL 32608 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: D () Delete
Name: FRANCIS, MARGARET
Address: 1184 SW JAMESTOWN GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: T () Delete
Name: JONES, MATTIE
Address: RT 22 BOX 350
City-St-Zip: LAKE CITY, FL 32024

Title: DS () Delete
Name: HILL, MARY A
Address: 9711 SW 75TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Delete
Name: SCOTT, OLIVIA MRS
Address: P.O. BOX 22
City-St-Zip: LAWTEY, FL 32058

Title: P () Delete
Name: IVEY, MARLON M
Address: 13768 C.R. 132
City-St-Zip: LIVE OAK, FL 32060

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
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: ACCOUNTANT/RUTH E. HARRIS

ACCT

09/03/2008

Electronic Signature of Signing Officer or Director

Date