

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90291 009 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

TITLE **D** ☐ 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 **OLIVIA SCOTT**
STREET ADDRESS **PO BOX 22**
CITY-ST-ZIP **LAWTEY FL 32058**

TITLE **TREASURER, DIRECTOR** ☒ 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 **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT, DIRECTOR** ☒ 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:

Emilia J. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 382-264-1183

Date

Daytime Phone #

CR2E037 (10/02)