

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90105 011 ****61.25

DOCUMENT # N00000007976

1. Entity Name
THE CENTER FOR HEALTH EQUITY, INC.



Principal Place of Business
**355-B NORTH MONROE ST.
TALLAHASSEE, FL 32301**

Mailing Address
**355-B NORTH MONROE ST.
TALLAHASSEE, FL 32301**

50049152



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3690403

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**JONES, MAURINE
355-B NORTH MONROE ST.
TALLAHASSEE, FL 32301**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **JONES, MAURINE**
STREET ADDRESS **6267 CRESTWOOD DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

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

TITLE **D** ☐ Delete
NAME **WATKINS, AYAKAO**
STREET ADDRESS **1911 ANASTASIA WAY SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

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

TITLE **BD** ☐ Delete
NAME **HURST ADAMS, JOHN**
STREET ADDRESS **101 EAST UNION**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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

TITLE **D** ☐ Delete
NAME **LOCKAMY, VICKI**
STREET ADDRESS **148 HIGHLAND PARK DRIVE**
CITY-ST-ZIP **BIRMINGHAM, AL**

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

TITLE **D** ☐ Delete
NAME **SOUTO, BLARA**
STREET ADDRESS **PO BOX 016960**
CITY-ST-ZIP **MIAMI, FL 33101**

TITLE ☒ Change ☐ Addition
NAME **Souto, Islara**
STREET ADDRESS **P.O. Box 016960**
CITY-ST-ZIP **Miami, FL 33101**

TITLE **D** ☐ Delete
NAME **GRANGER, ANDREW**
STREET ADDRESS **2831 FITZPATRICK DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

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:

Maurine Jones
Maurine Jones

5/1/05

(850)577-1421