

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 08:00 A**  
**Secretary of State**

**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**



02012007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3690403**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

*2/2/07*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000625295  
02/14/07-80069-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JONES, MAURINE
STREET ADDRESS	6267 CRESTWOOD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	WATKINS, AYAKAO
STREET ADDRESS	1911 ANASTASIA WAY SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33712
TITLE	D
NAME	GRANGER, ANDREW
STREET ADDRESS	215 DELTA COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	VANLANDINGHAM, SHERRY
STREET ADDRESS	702 PAT THOMAS PARKWAY
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	D
NAME	CONTRERAS, LINDA
STREET ADDRESS	355 B NORTH MONROE STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/07* (850) 577-1409  
Date Daytime Phone #