

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007976

FILED
Jan 26, 2009
Secretary of State

Entity Name: THE CENTER FOR HEALTH EQUITY, INC.

Current Principal Place of Business:

231 EAST JEFFERSON STREET
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

231 EAST JEFFERSON STREET
QUINCY, FL 32351

New Mailing Address:

FEI Number: 59-3690403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JONES, MAURINE
231 EAST JEFFERSON STREET
QUINCY, FL 32351 US

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:

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, MAURINE
Address: 6267 CRESTWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: WATKINS, AYAKAO
Address: 1911 ANASTASIA WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D () Delete
Name: GRANGER, ANDREW
Address: 215 DELTA COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: VANLANDINGHAM, SHERRY
Address: 702 PAT THOMAS PARKWAY
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: CAHALEN, LINDA
Address: 4025 SHADY VIEW LANE
City-St-Zip: TALLAHASSEE, FL 32311

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: D (X) Change () Addition
Name: WILLIAMSON, LEITTA
Address: 217 NORTH MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: BOONE, KATRINA
Address: FLORIDA STATE UNIVERSITY, COLLEGE OF ARTS
City-St-Zip: TALLAHASSEE, FL 32306

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: MAURINE JONES

D

01/26/2009

Electronic Signature of Signing Officer or Director

Date