

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007976

FILED
Jan 23, 2010
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
231 EAST JEFFERSON STREET
QUINCY, FL 32351 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
Name: JONES, MAURINE
Address: 6267 CRESTWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

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

Title: D
Name: LAMIA, CHRISTINE
Address: 201 S MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: WILLIAMSON, LEITTA
Address: 217 NORTH MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: D
Name: MAY, MARY KAY
Address: 111 N GADSDEN ST
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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 all other like empowered.

SIGNATURE: MAURINE JONES

D

01/23/2010

Electronic Signature of Signing Officer or Director

Date