

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90012 027 ***150.00

DOCUMENT # N01000001235

1. Entity Name
CORRECTIONAL HEALTH SERVICES ASSOCIATES, INC.



Principal Place of Business
**1699 APALACHEE PKWY
PMB 452
TALLAHASSEE, FL 32301**

Mailing Address
**1699 APALACHEE PKWY
PMB 452
TALLAHASSEE, FL 32301**

94039824



03292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0558261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**FAIRWEATHER, JUDITH A
7040 BUCK LAKE RD
TALLAHASSEE, FL 32317**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FAIRWEATHER, JUDITH ANN 7040 BUCK LAKE RD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DAVIS, MARGARET E 5206 TRADEWINDS DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNT, LINDA G 111 STAR DRIVE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Judith Ann Fairweather* *29 March 2004* *850-878-4994*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH ANN FAIRWEATHER