

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003377

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** COMMUNITY HEALTH ADVOCACY PARTNERSHIP, INC.

**Current Principal Place of Business:**

BROOKINS POINTE, 3554 N 29TH STREET  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

BROOKINS POINTE, 3554 N 29TH STREET  
TAMPA, FL 33605

**New Mailing Address:**

**FEI Number:** 20-0003493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BROOKINS, RONALD T  
BROOKINS POINTE, 3554 N 30TH STREET  
TAMPA, FL 33605 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: O/D ( ) Delete  
Name: BROOKINS, JAMES O MD  
Address: BROOKINS POINTE, 3554 N 29TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: O/D (X) Delete  
Name: RYANS, JEROME  
Address: BROOKINS POINTE, 3554 N 29TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: O/D ( ) Delete  
Name: BEST, EVANGELINE R  
Address: BROOKINS POINTE, 3554 N 29TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: HOLMES, JOAN PHD  
Address: BROOKINS POINTE, 3554 N 29TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: CAMBRIDGE, ROSA RN  
Address: BROOKINS POINTE, 3554 N 29TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: D (X) Delete  
Name: GREEN, HIRAM  
Address: BROOKINS POINTE, 3554 N 29TH STREET  
City-St-Zip: TAMPA, FL 33605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O/D (X) Change ( ) Addition  
Name: BEST, EVANGELINE R  
Address: 3416 EAST FERN STREET  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RONALD T. BROOKINS

RA

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date