2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N03847

Entity Name: BOND COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

710 WEST ORANGE AVE.
TALLAHASSEE, FL 32310 US

New Principal Place of Business:

Current Mailing Address:

710 WEST ORANGE AVE.
TALLAHASSEE, FL 32310 US

New Mailing Address:

FEI Number: 59-2426414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RICHARDS, J.R.
710 WEST ORANGE AVENUE
TALLAHASSEE, FL 32310 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:	C/D	( ) Delete
Name:	WEBSTER, JOSEPH	
Address:	4891 HIGH GROVE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	T/D	( ) Delete
Name:	BRODIE, WILLIAM	
Address:	2901 JOYCE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	V/D	( ) Delete
Name:	MC LEOD, CLINTON	
Address:	1353 LAFAYETTE STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	S/D	( ) Delete
Name:	GAALEMA, CONNIE	
Address:	36 OYSTER BAY DRIVE	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	D	( ) Delete
Name:	BARNES, WILSON	
Address:	1949 SETTING SUN TRAIL	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	M	( ) Delete
Name:	RICHARDS, J.R. CEO	
Address:	710 W ORANGE AVENUE	
City-St-Zip:	TALLAHASSEE, FL 32310 US	

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:	( ) 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: J.R. RICHARDS CEO 01/09/2009
Electronic Signature of Signing Officer or Director — Date