

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000426

FILED
Apr 28, 2009
Secretary of State

Entity Name: CAPITAL AREA HEALTH ACCESS FOUNDATION, INC

Current Principal Place of Business:

2140 CENTERVILLE PL
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2140 CENTERVILLE PL
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-4240456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADSEN, H. MICHAEL
1705 METROPOLITAN BLVD STE 101
TALLAHASSEE, FL 323083765 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: P () Delete
Name: MESSER, WILL
Address: 1403 MACLAY COMMERCE DR.
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: V () Delete
Name: THORNTON, GLENDA
Address: 106 E. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 323017732 US

Title: S () Delete
Name: SACHS, RON
Address: 114 S. DUVAL ST.
City-St-Zip: TALLAHASSEE, FL 323017712 US

Title: T () Delete
Name: WILLIAMS, KIM
Address: P.O. BOX 2068
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: D () Delete
Name: MURRAY, ED
Address: 1018 THOMASVILLE RD. STE 200A
City-St-Zip: TALLAHASSEE, FL 323036291 US

Title: D () Delete
Name: DESLOGE, BRYAN
Address: 2510 MICCOSUKEE RD.
City-St-Zip: TALLAHASSEE, FL 323085411

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
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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: WILL MESSER

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date