


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90146 048 ****61.25

DOCUMENT # N07000004935		
1. Entity Name FRANKLIN COUNTY COMMUNITY HEALTH, INC.		

Principal Place of Business 135 AVENUE G APALACHICOLA, FL 32320	Mailing Address 135 AVENUE G APALACHICOLA, FL 32320
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40093727

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02272008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUCHANAN, JOHN D JR HENRY, BUCHANAN, HUDSON, SUBER & CARTER PA 2508 BARRINGTON CIRCLE TALLAHASSEE, FL 32308		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 *John D. Buchanan Jr.* DATE 4/27/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DODD, GAYLE 865 HIGHWAY 98 EASTPOINT, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGIE SOLOMON 116 DAY AVE. APALACHICOLA, FL 32320 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BLAIR, CURT 184 AVENUE E APALACHICOLA, FL 32329 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, TAMMY 312 NW AVENUE D CARRABELLE, FL 32322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINIATE, STEPHEN 137 12TH STREET APALACHICOLA, FL 32320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARXSEN, PAUL 108 SE AVENUE B CARRABELLE, FL 32322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, MARK 219 AVENUE E APALACHICOLA, FL 32320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mark Friedman* 3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40093727

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2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number N07000004935

Business Entity Name FRANKLIN COUNTY COMMUNITY HEALTH, INC.

Original File Date 05/16/2007

FEI Number

Principal Address 135 AVENUE G
APALACHICOLA, FL 32320

Mailing Address 135 AVENUE G
APALACHICOLA, FL 32320

Registered Agent JR JOHN D BUCHANAN
HENRY, BUCHANAN, HUDSON, SUBER & CARTER PA
2508 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308 US

Officer/Director Name And Address

C
GAYLE DODD
865 HIGHWAY 98
EASTPOINT, FL 32328

VC
CURT BLAIR
184 AVENUE E
APALACHICOLA, FL 32329

D
TAMMY HARDY
312 NW AVENUE D
CARRABELLE, FL 32322

D
STEPHEN MINATE
137 12TH STREET
APALACHICOLA, FL 32320

D
PAUL MARXSEN
108 SE AVENUE B
CARRABELLE, FL 32322

D
MARK FRIEDMAN
219 AVENUE E
APALACHICOLA, FL 32320

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