

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011903

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** NEW RIVER COMMUNITY HEALTH CARE, INC.

**Current Principal Place of Business:**

1801 NORTH TEMPLE AVENUE  
STARKE, FL 32091 US

**New Principal Place of Business:**

**Current Mailing Address:**

1801 NORTH TEMPLE AVENUE  
STARKE, FL 32091 US

**New Mailing Address:**

**FEI Number:** 26-1555976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOLLAND, WINIFRED  
1801 NORTH TEMPLE AVENUE  
STARKE, FL 32091 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: CEO ( ) Delete  
Name: HOLLAND, WINIFRED  
Address: 1801 NORTH TEMPLE AVENUE  
City-St-Zip: STARKE, FL 32091 US

Title: CHAR ( ) Delete  
Name: DAVIS, AMY  
Address: P. O. BOX 120  
City-St-Zip: HAMPTON, FL 32044 US

Title: TRES ( ) Delete  
Name: FUTCH, STEVEN  
Address: 403 SOUTH CHERRY STREET  
City-St-Zip: STARKE, FL 32091 US

Title: SEC ( ) Delete  
Name: WILLIAMS, JERRY  
Address: P. O. BOX 1086  
City-St-Zip: STARKE, FL 32091

**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:

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:** WINIFRED M. HOLLAND

CEO

04/14/2009

Electronic Signature of Signing Officer or Director

Date