

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008639

FILED
Apr 30, 2010
Secretary of State

Entity Name: COMMUNITY HEALTH AND IMPROVEMENT PROGRAM, INC.

Current Principal Place of Business:

3921 OLD DUNN RD
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

PO BOX 687
APOPKA, FL 32704

New Mailing Address:

PO BOX 1026
APOPKA, FL 32704

FEI Number: 26-3810568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACQUES, JUDITH C
3921 OLD DUNN RD
APOPKA, FL 32712 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: PD
Name: JACQUES, JUDITH C
Address: 3921 OLD DUNN RD
City-St-Zip: APOPKA, FL 32712

Title: VPD
Name: VALLON, MONA
Address: 3107 SE CARD TER
City-St-Zip: PORT ST LUCIE, FL 34984

Title: SD
Name: JACQUES, LESLY
Address: 3921 OLD DUNN RD
City-St-Zip: APOPKA, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: JUDITH C. JACQUES

PRES

04/30/2010

Electronic Signature of Signing Officer or Director

Date