

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18955** (7)

1. Corporation Name

COMMUNITY HEALTH ALLIANCE, INC.

Principal Place of Business

**14540 CORTEZ BLVD.
BROOKSVILLE FL 34805-0037**

Mailing Address

**14540 CORTEZ BLVD.
BROOKSVILLE FL 34805-0037**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**DOLINER, NATHANIEL L.
ONE HARBOUR PLACE
5TH FLOOR
TAMPA FL 33602**

3. Date Incorporated or Qualified

01/27/1987

4. FEI Number

59-2764681

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

777 S. Harbour Island Boulevard

83 One Harbour Place

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **BEAGLE, H. DEAN**
STREET ADDRESS **24124 WESTMINSTER COURT**
CITY-ST-ZIP **BROOKSVILLE FL 34801**

TITLE **P** ☐ DELETE

NAME **BARB, THOMAS D**
STREET ADDRESS **3303 FLAMINGO BLVD.**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **D** ☐ DELETE

NAME **DANIEL, DEBBIE**
STREET ADDRESS **808 BUENA VISTA AVE**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ DELETE

NAME **GONZALEZ, SONIA**
STREET ADDRESS **18621 HOLDEN DR**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **D** ☐ DELETE

NAME **SPRINGSTEAD, RICHARD W.**
STREET ADDRESS **33 PONCE DE LEON BLVD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☒ DELETE

NAME **FERGUSON, BERNADETTE**
STREET ADDRESS **5354 TANNER ROAD**
CITY-ST-ZIP **SPRING HILL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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*******70.00 *****78.00**

62 3-26-98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

2/4/98 (252) 506 7225

CR2E037 (10/97)