2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# N19677

Entity Name: COMMUNITY HEALTH FOUNDATION, INC.

Current Principal Place of Business:

C/O BRODES H. HARTLEY, JR.
10300 SW 216 ST
MIAMI, FL 33190

New Principal Place of Business:

Current Mailing Address:

C/O BRODES H. HARTLEY, JR.
10300 SW 216 ST
MIAMI, FL 33190

New Mailing Address:

FEI Number: 59-2820761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARTLEY, BRODES H. JR.
10300 SW 216 ST
MIAMI, FL 33190 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: VPD ( ) Delete
Name: HARTLEY, BRODES H JR.
Address: 10300 SW 216 ST
City-St-Zip: MIAMI, FL 33190 US

Title: SD ( ) Delete
Name: MARTINEZ, SHEILA
Address: 18440 SW 129 AVE
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete
Name: JAMES, JOSEPH L
Address: 13372 SW 256 TERRACE
City-St-Zip: MIAMI, FL 33032

Title: D ( ) Delete
Name: WHYTE, WINSTON A
Address: 12219 SW 249 STREET
City-St-Zip: MIAMI, FL 33032

Title: T ( ) Delete
Name: BHAGWANDIN, HELEN
Address: 11832 SW 207 STREET
City-St-Zip: MIAMI, FL 33186

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH L. JAMES PD 04/11/2005

Electronic Signature of Signing Officer or Director — Date