

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19677

FILED  
Mar 01, 2006  
Secretary of State

**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 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: JOSEPH L. JAMES

PD

03/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date