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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra M. Northen Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36121** (4)

1. Corporation Name

COMMUNITY HEALTH CARE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**% C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

**299 SANTA PAULA
SAN FRANCISCO CA 94127**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **5500 39th Street**

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 **Groves Tx**

24 Zip

Country

29 **77619**

Country

30 **Jefferson**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/17/1990

4. FEI Number

65-0186567

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name **Dan Carter**

82 Street Address (P.O. Box Number is Not Acceptable) **International Trading Group**

83 **440 Livingston Road**

84 City **Naples**

FL

85 Zip Code **34109**

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 ☒ DELETE

NAME **D ANDERSON, BRIGIT MS**
STREET ADDRESS **249 WARREN AVE.**
CITY-ST-ZIP **SILVERTHORNE CO 80408**

TITLE ☒ DELETE

NAME **PD GRIGGS, THOMAS S MR**
STREET ADDRESS **299 SANTA PAULA**
CITY-ST-ZIP **SAN FRANCISCO CA 94127**

TITLE ☒ DELETE

NAME **D GRIGGS, JANET W MRS**
STREET ADDRESS **299 SANTA PAULA**
CITY-ST-ZIP **SAN FRANCISCO CA 94127**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D Steve Verret**
1.3 STREET ADDRESS **1949 Procter Street**
1.4 CITY-ST-ZIP **Port Arthur, Texas 77640**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D Jack Taylor, D.O.**
2.3 STREET ADDRESS **3749 39th Street**
2.4 CITY-ST-ZIP **Groves, Texas 77619**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D Joel Ievingston**
3.3 STREET ADDRESS **5601 39th Street**
3.4 CITY-ST-ZIP **Groves, Texas 77619**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D Waymon Hallmark**
4.3 STREET ADDRESS **525 Lakeshore Drive**
4.4 CITY-ST-ZIP **Port Arthur, Texas 77640**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D Robert A. Bowling, D.O.**
5.3 STREET ADDRESS **19690 Bowling Road**
5.4 CITY-ST-ZIP **Beaumont, Texas 77705**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

3/17/98

409-963-5180

CR2E037 (10/97)