

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36121

1. Entity Name

COMMUNITY HEALTH CARE FOUNDATION, INC.

Principal Place of Business

5500 39TH STREET
GROVES TX 77619

Mailing Address

5500 39TH ST
GROVES TX 77619
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME VERRET, STEVE
STREET ADDRESS 1949 PROCTOR ST
CITY-ST-ZIP PORT ARTHUR TX 77640

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TAYLOR, JACK
STREET ADDRESS 3749 39TH ST
CITY-ST-ZIP GROVES TX 77619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEVINGSTON, JOEL
STREET ADDRESS 5601 39TH ST
CITY-ST-ZIP GROVES TX 77619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HALLMARK, WAYMON
STREET ADDRESS 525 LAKESHORE DR
CITY-ST-ZIP PORT ARTHUR TX 77640

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BOWLING, ROBERT A
STREET ADDRESS 19690 BOWLING RD
CITY-ST-ZIP BEAUMONT TX 77705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Chairman

2/1/01

(409)963-5180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90189 039 ****70.00



DO NOT WRITE IN THIS SPACE