🛂 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N36121** 1. Entity Name COMMUNITY HEALTH CARE FOUNDATION, INC. Principal Place of Business Mailing Address **5500 39TH STREET** 5500 39TH ST GROVES TX 77619 GROVES TX 77619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

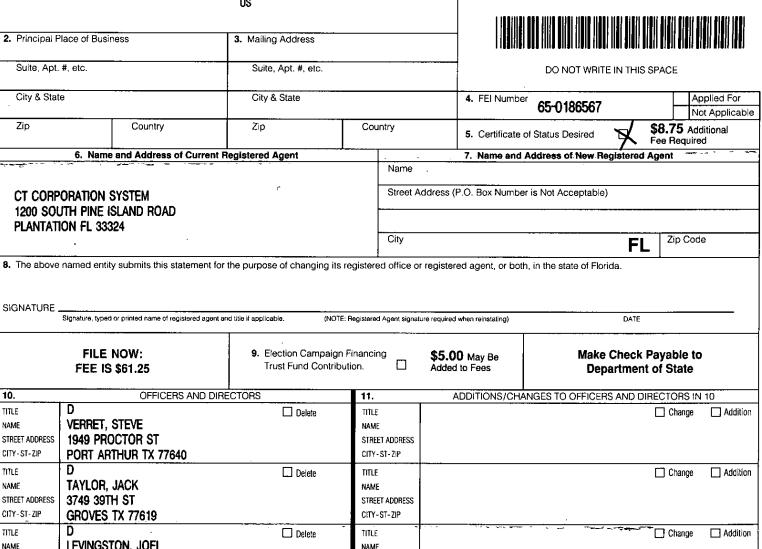
6. Name and Address of Current Registered Agent

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

Zip

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

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



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/CHA	ANGES TO OFFICERS AND DIRECTORS IN	l 10	
TITLE	D	☐ Delete	TITLE	***	☐ Change	☐ Addition
NAME	VERRET, STEVE		NAME			
STREET ADDRESS	1949 PROCTOR ST		STREET ADDRESS			
CITY-ST-ZIP	PORT ARTHUR TX 77640		CITY-ST-ZIP			j
TITLE	D	☐ Delete	TITLE		☐ Change	Addition
NAME	TAYLOR, JACK		NAME		<u>.</u>	
STREET ADDRESS	3749 39TH ST		STREET ADDRESS			
CITY-ST-ZIP	GROVES TX 77619		CITY-ST-ZIP		,	
TITLE	D .	☐ Delete	TITLE		Change	Addition
NAME	LEVINGSTON, JOEL		NAME			
STREET ADDRESS	5601 39TH ST		STREET ADDRESS			
CITY-ST-ZIP	GROVES TX 77619		CITY-ST-ZIP		·	
TITLE	D	☐ Delete	TITLE		☐ Change	Addition
NAME	HALLMARK, WAYMON		NAME			
STREET ADDRESS	525 LAKESHORE DR		STREET ADDRESS			
CITY-ST-ZIP	PORT ARTHUR TX 77640		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	Addition
NAME	BOWLING, ROBERT A		NAME			ļ
STREET ADDRESS	19690 BOWLING RD		STREET ADDRESS			}
CITY-ST-ZIP	BEAUMONT TX 77705		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME		_ ,	_
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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Country

Name

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.

Zip

SIGNATURE

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324