

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36121</b> 1. Entity Name COMMUNITY HEALTH CARE FOUNDATION, INC.	
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Principal Place of Business 5500 39TH STREET GROVES, TX 77619	Mailing Address 5500 39TH ST GROVES, TX 77619 US
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**DO NOT WRITE IN THIS SPACE**



04092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 75-2408152	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JIMMY D 3137 SABA LN PORT NECHES, TX 77651
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JACK 3749 39TH ST GROVES, TX 77619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODRUFF, JAMES 8649 LAMPLIGHTER LN PORT ARTHUR, TX 77642
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMAS, RICARDO 5500 39TH ST GROVES, TX 77619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTOLIO, MILTON 3128 SABA LN PORT NECHES, TX 77651
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000150427  
05/04/04-80008-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <u>Ronald E. Hand</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Ronald E. Hand, CEO	4/22/04	(409) 963-5180
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