

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

0017370

DOCUMENT # N36121

1. Entity Name

COMMUNITY HEALTH CARE FOUNDATION, INC.



09-08-2003 90126 028 *****61.25

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



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **75-2408152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida 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 **D** ☒ Change ☐ Addition
NAME **JIMMY D. BELL**
STREET ADDRESS **3137 SABA LANE**
CITY-ST-ZIP **PORT NECHES, TX 77651**

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 **D** ☒ Change ☐ Addition
NAME **JAMES WOODRUFF**
STREET ADDRESS **8649 LAMPLIGHTER LANE**
CITY-ST-ZIP **PORT ARTHUR, TX 77642**

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

TITLE **D** ☒ Change ☐ Addition
NAME **RICARDO RAMOS**
STREET ADDRESS **5500 39TH ST**
CITY-ST-ZIP **GROVES, TX 77619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **MILTON BERTOLIO**
STREET ADDRESS **3128 SABA LANE**
CITY-ST-ZIP **PORT NECHES, TX 77651**

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: RONALD E. HARRIS
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald E. Harris **9-3-03** **409-963-5180**

CP2E037 (4/03)