

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:28

DOCUMENT # **N39634** (3)  
1. Corporation Name  
**COMMITTEE ON EDUCATION FOR COMMUNITY HEALTH AGEN  
CIES, INC.**

Principal Place of Business Mailing Address  
**2081 KEENE ROAD CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/22/1990</b>	3a. Date of Last Report <b>04/07/1994</b>
4. FEI Number <b>59-3029702</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$66.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**FOSTER, MARGARET  
2605 ENTERPRISE ROAD  
EAST, SUITE 110  
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when pending.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>HANSON, EILEEN</b>
STREET ADDRESS	<b>2963 GULF TO BAY STE 325</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>VD</b>
NAME	<b>CRUISE, KELLY</b>
STREET ADDRESS	<b>2081 KEENE RD.</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>VD</b>
NAME	<b>CONRAD, BONNIE</b>
STREET ADDRESS	<b>2081 KEENE RD.</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>TD</b>
NAME	<b>JOHNS, KIM</b>
STREET ADDRESS	<b>2081 KEENE RD</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>SD</b>
NAME	<b>TOWNES, CATHY</b>
STREET ADDRESS	<b>2081 KEENE RD</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Cruise, Kelly</b>	
13 STREET ADDRESS	<b>2081 Keene Rd</b>	
14 CITY - ST - ZIP	<b>Clear. FL</b>	
21 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Conrad, Bonnie</b>	
23 STREET ADDRESS	<b>2081 Keene Rd</b>	
24 CITY - ST - ZIP	<b>Clear, FL</b>	
31 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Leffon, Patricia</b>	
33 STREET ADDRESS	<b>2081 - Keene Rd</b>	
34 CITY - ST - ZIP	<b>Clear, FL</b>	
41 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Amruso, Eileen</b>	
43 STREET ADDRESS	<b>2081. Keene Rd</b>	
44 CITY - ST - ZIP	<b>Clear FL</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address.

SIGNATURE: Eileen Amruso Eileen Amruso 2/10/95 813-726-3111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)