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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N39634

(3)

COMMITTEE ON EDUCATION FOR COMMUNITY HEALTH AGEN

FILED Mar 16 1998 8:00am Secretary of State

CIES,	INC.					
Principal Plac	ce of Business	Mailing Address			OIDAR OIDAR OIBH OIDH OIDH OIBH ROO	
2983 GULF TO BAY 5444 PARK BLVD.			6 Data languaged of Our lifted			
SUITE 325		PINELLAS PARK FL 33865		3. Date Incorporated or Qualified 08/22/1990		
CLEARWATER US	FL 34 619	US		4. FEI Number	Applied For	
UO				59-3029702	Not Applicable	
2. Principal F	Place of Business	2a. Mailing Address			\$8.75 Additional	
21		26		5. Certificate of Status Desired	Fee Required	
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
City & Stat	10	City & State		Trust Fund Contribution L		
23	l o	28		7. Is this nonprofit corporation a home		
Zip	Country	Zip	Country	8. This corporation owes or has paid t		
24	25	29	30	Personal Property Tax due June 30		
	9. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New Registered Agent		
			81 Name	0 000		
LEFTON, PAT			82 Street Add	ress (P.Q. Box Number is Not Acceptable)		
5444 PARK BLVD.			920	9 Seminale Blux	.	
PINELLAS PARK FL 33665			83 UP'T	3(
			84 City		85 Zip Code	
44 D		10500 (047 de00 E) : 5	<u>a en</u>	nindle	FL 33772	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 of the purpose of the provision of the provision of the purpose of the purpose of the provision of the provision of the purpose of the pu					ose of changing its registered ne appointment as registered	
agent. I am tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registere	ed agent and tills if anningship	E: Registered Agent signature requi		DATE	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	P	DELETE	1.1 TITLE UP Y	P	Change 🔥 Addition	
NAME	LEFTON, PATRICIA		1.2 NAME 5	isor Willowow -		
STREET ADDRESS	2081 KEENE RD					
CITY-ST-ZIP			1.3 STREET ADDRESS	683 Eldubum Dr		
	CLEARWATER FL		1.4 CITY-ST-ZIP	1683 Eldubum Dr. Negrusty, Fl 033	5761	
TITLE	V0	☐ DELET E	1.4 CITY-ST-ZIP C 2.1 TITLE S S	Charmety, A 033	Change Addition	
NAME	VD CONRAD, BONNIE	☐ DELET E	1.4 CITY-ST-ZIP 21 TITLE S 2.2 NAME	CERETARY HARON Z. LENA		
NAME STREET ADDRESS	VD CONRAD, BONNIE 2081 KEENE RD.	☐ DELET E	1.4 CITY-ST-ZIP 2.1 TITLE \$ 3 2.2 NAME 2.3 STREET ADDRESS	ECRETMAY HAADN Z. LENANIX O. BOX 152051 NIX	Change 🔼 Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD CONRAD, BONNIE 2081 KEENE RD. CLEARWATER FL VD BERSHAW, JENNIFER		1.4 CITY-ST-ZIP 2.1 TITLE \$ 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 7 3.2 NAME	Cerusty, A 037 BERETARY HARON Z. LENA 10. BOX 152051 WX THARA FL 33684-2 Treasuran Tidy Kinnecom	☐ Change 🔼 Addition . 2057	
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14. 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 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.

6.4 CITY-ST-ZIP

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R2E037 (10/97