


FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39634** (3)

1. Corporation Name

**COMMITTEE ON EDUCATION FOR COMMUNITY HEALTH AGEN  
CIES, INC.**



Principal Place of Business <b>2963 GULF TO BAY SUITE 325 CLEARWATER FL 34619 US</b>		Mailing Address <b>5444 PARK BLVD. PINELLAS PARK FL 33665 US</b>		3. Date Incorporated or Qualified <b>08/22/1990</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-3029702</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEFTON, PAT 5444 PARK BLVD. PINELLAS PARK FL 33665</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Connie Cooper</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>9209 Seminole Blvd</b>	
				83 <b>UNIT 31</b>	
				84 City <b>Seminole</b>	
				85 Zip Code <b>FL 33772</b>	

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 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 617.0503, Florida Statutes.

SIGNATURE Connie Cooper DATE **3-4-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEFTON, PATRICIA			1.2 NAME	Susan McMoran		
STREET ADDRESS	2081 KEENE RD			1.3 STREET ADDRESS	2583 Eldenburg Dr		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	Clearwater, FL 33761		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONRAD, BONNIE			2.2 NAME	SHARON Z. LENA		
STREET ADDRESS	2081 KEENE RD.			2.3 STREET ADDRESS	P.O. BOX 102051 N/A		
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP	TAMPA FL 33684-2051		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERSHAW, JENNIFER			3.2 NAME	Judy Kinnecom		
STREET ADDRESS	2081 KEENE RD.			3.3 STREET ADDRESS	105 Palmetto Lane		
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP	Belleair Bluffs FL 33770		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AMRUSO, EILEEN			4.2 NAME	Connie Cooper		
STREET ADDRESS	2963 GULF TO BAY #325			4.3 STREET ADDRESS	9209 Seminole Blvd UNIT 31		
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST-ZIP	Seminole FL 33772		
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAJALA, CAROL			5.2 NAME	Johanna Gray		
STREET ADDRESS	2081 KEENE RD			5.3 STREET ADDRESS	6859 80th Terrace N.		
CITY-ST-ZIP	CLEARWATER FL			5.4 CITY-ST-ZIP	Pinellas Park FL 33781		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE [Signature] DATE **3-4-98**

CR2E037 (10/97)