07231999-90007-042-$61.25-$61.25

AMOUNT DUE ON OR BEFORE 05/1999: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400.00).

FILED
Jul 23, 1999 8:00 am
Secretary of State
07-23-1999 90007 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39634

1. Corporation Name
COMMITTEE ON EDUCATION FOR COMMUNITY HEALTH AGENCIES, INC.

Principal Place of Business	Mailing Address
2963 GULF TO BAY SUITE 325 CLEARWATER FL 34619 US	5444 PARK BLVD. PINELLAS PARK FL 33665 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 5444 Park Blvd	26 P.O. Box 2422	08/22/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3029702 ☐ Applied For ☐ Not Applicable
City & State 23 Pinellas Park, Fl	City & State 28 Pinellas Park, Fl	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33781 25 Pinellas	Zip / Country 29 33781 30 Pinellas	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COOPER, CONNIE 9209 SEMINOLE BLVD UNIT 31 SEMINOLE FL 33772	81 Name: Johann Gray 82 Street Address (P.O. Box Number is Not Acceptable): 6859-80th Ter. N. 83 84 City: Pinellas Park FL 85 Zip Code: 33781

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: Johann Gray - President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEFTON, PATRICIA ~~2081 KEENE RD~~ ~~CLEARWATER FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President D Johann Gray 6859-80th Ter N Pinellas Park, Fl 33781	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~CONRAD, CONNIE~~ 2081 KEENE RD. CLEARWATER FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President Elect D Sharon Lena P.O. Box 82051 TAMPA, FLORIDA 33684-2051	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BERSHAW, JENNIFER 2081 KEENE RD. CLEARWATER FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary D Lynn-Yetman-Kessel 249 Nautilus Way Indian Isl. FL 33706	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AMRUSO, EILEEN 2963 GULF TO BAY #325 CLEARWATER FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer T Judy Kinnecom 115 Palmetto Lane Largo, Fl 33770	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RAJALA, CAROL 2081 KEENE RD CLEARWATER FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Education Chair Cathy Saylor 4366-50 PL S. St. Pete FL 33711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCMORROW, SUSAN 2583 ELDERBERRY DR CLEARWATER FL 33761	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Membership Chair Suzanne Johnsen Bayshore Home Care P.O. Box 1462 Largo FL 33779	☐ Change ☒ Addition

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7-9-99 727-545-5741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #