

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39634

1. Entity Name

COMMITTEE ON EDUCATION FOR COMMUNITY HEALTH AGEN

Principal Place of Business

5444 PARK BLVD
PINELLAS PARK FL 33781
US

Mailing Address

PO BOX 2422
PINELLAS PARK FL 33781
US

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90095 002 ****70.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3029702

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRAY, JOHANN
6859 80TH TER N
PINELLAS PARK FL 33781

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.

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 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
PD GRAY, JOHANN
STREET ADDRESS 6859-80TH TER N
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Delete
~~PD~~ LENA, SHARON
STREET ADDRESS ~~PO BOX 152051~~
CITY-ST-ZIP ~~CLEARWATER FL 33604-2051~~

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
SD YETMAN-KESEAD, LYNN
STREET ADDRESS 249 NAUTILUS WAY
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE NAME ☒ Change ☐ Addition
Vice/President Lynn Yerman-Keesead
STREET ADDRESS PO BOX 66611
CITY-ST-ZIP St Pete Beach, FL 33736

TITLE NAME ☐ Delete
T RINNECOM, JUDY
STREET ADDRESS 4366-50 PL S
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE NAME ☒ Change ☐ Addition
Treasurer Renee Mc Curtain
STREET ADDRESS 106 1st St. E. #105
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE NAME ☒ Delete
EC SNYLER, CATHY
STREET ADDRESS 4366-50 PL S
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE NAME ☒ Change ☒ Addition
Membership Donna Mahoney
STREET ADDRESS 1757 Olympia Field
CITY-ST-ZIP SARASOTA FL 34234

TITLE NAME ☐ Delete
MG JOHNSON, SUZANNE
STREET ADDRESS PO BOX 1462
CITY-ST-ZIP LARGO FL 33779

TITLE NAME ☒ Change ☐ Addition
Secretary Johnson Suzanne
STREET ADDRESS P.O. Box 1462
CITY-ST-ZIP Largo, FL 33779

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-545-5741

CR2F037 (5/00)