

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90103 009 \*\*\*\*61.25

<b>DOCUMENT # N39634</b> 1. Entity Name <b>COMMITTEE ON EDUCATION FOR COMMUNITY HEALTH AGENCIES, INC.</b>					
Principal Place of Business <b>5444 PARK BLVD PINELLAS PARK, FL 33781 US</b>			Mailing Address <b>PO BOX 2422 PINELLAS PARK, FL 33781 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>BRADLEY, CAROL</b> <b>1340 ISLE OF SKY CT</b> <b>DUNEDIN, FL 34698</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number <b>59-3029702</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
Signature, typed or printed name of registered agent and title if applicable. <i>Carol Bradley</i> <b>CAROL BRADLEY TREASURER</b> <b>8/8/05</b>				DATE	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, LANONA 3200 34 ST S SAINT PETERSBURG, FL 33733	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASISTA, FRAN 2711 44 ST N SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADLEY, CAROL 16331 BAY VISTA DR CLEARWATER, FL 33760	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMARUSO, EILEEN 34921 U.S. 19N SUITE 450 PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HC NUGENESS, LEILA 19345 US 19 N #500 CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECT MONTELL, JOAN 11625 85TH AVE N SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PAM POOLEY 431 E. SPRUCE ST TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MARY WATERS 6499 - 38 AVE N. #H-2 ST. PETERSBURG FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JOHANN GRAY 6959 - 80 TERR PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Carol Bradley</i> <b>CAROL BRADLEY</b> <b>8/8/05</b> <b>727-519-1391</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**50025692**



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