

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90823 014 ****61.25

DOCUMENT # N39634

1. Entity Name

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



Principal Place of Business

**5444 PARK BLVD
PINELLAS PARK FL 33781
US**

Mailing Address

**PO BOX 2422
PINELLAS PARK FL 33781
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3029702**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAY, JOHANN	
STREET ADDRESS	6859-80TH TER N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, SUZANNE	
STREET ADDRESS	P.O. BOX 1462	
CITY-ST-ZIP	LARGO FL 33779	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRADLEY, CAROL	
STREET ADDRESS	16331 BAY VISTA DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AMARUSO, EILEEN	
STREET ADDRESS	34921 U.S. 19N SUITE 450	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	HC	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JUDY	
STREET ADDRESS	1655 BURLEW RD	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	ECT	<input type="checkbox"/> Delete
NAME	MONTELL, JOAN	
STREET ADDRESS	11625 85TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAN BASISTA	
STREET ADDRESS	2711 - 44 ST. N.	
CITY-ST-ZIP	ST. PETERS BURG FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	HC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEILA NUGENESS	
STREET ADDRESS	19345 U.S. 19 N. # 500	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

Carol Bradley
CAROL BRADLEY

1-9-03

727-820-8099