

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44189

1. Entity Name

JACKSONVILLE COMMUNITY HEALTH CENTER, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90103 036 ****70.00

Principal Place of Business

Mailing Address

5375 VERNON RD.
JACKSONVILLE FL 32209
US

5375 VERNON RD.
JACKSONVILLE FL 32209-2711
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3141255

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

~~JOHNSTON, BARRARA~~
MARTIN, ADE, BIRCHFIELD & MICKLER, P.A.
ONE INDEPENDENT DRIVE- SUITE 3000
JACKSONVILLE FL 32202

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

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 PD ☐ Delete
NAME FOWELER, SARAH
STREET ADDRESS 4214 POINTE HAVEN DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE President ☒ Change ☐ Addition
NAME Isiah J. Williams, III
STREET ADDRESS 8905 Castle Blvd.
CITY-ST-ZIP Jacksonville, FL 32209

TITLE D ☐ Delete
NAME EPPS, FRANCINA
STREET ADDRESS 5375 VERNON RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE Vice-President ☒ Change ☐ Addition
NAME Francina Epps
STREET ADDRESS P. O. Box 9092
CITY-ST-ZIP Jacksonville, Florida 32208

TITLE VD ☐ Delete
NAME WILLIAMS, ISIAH
STREET ADDRESS 5905 CASTLE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☒ Change ☐ Addition
NAME Rev. Perry C. Robinson, SR.
STREET ADDRESS 5603 Silverdale Avenue
CITY-ST-ZIP Jacksonville, FL 32208

TITLE SD ☐ Delete
NAME MEANS, ELIZABETH
STREET ADDRESS 655 W 8TH ST
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE MD ☐ Delete
NAME PETTIS, JEAN
STREET ADDRESS 5375 VERNON RD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE TD ☐ Delete
NAME WILLIAMSON, PERCY
STREET ADDRESS 8544 ANDALONA ST
CITY-ST-ZIP JACKSONVILLE FL 32211

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

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:

JEAN PETTIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 924-1415

Date

Daytime Phone #

CR2E037 (9/99)