

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N44189**

1. Entity Name

JACKSONVILLE COMMUNITY HEALTH CENTER, INC.

Principal Place of Business

**5375 VERNON RD.
JACKSONVILLE FL 32209
US**

Mailing Address

**5375 VERNON RD.
JACKSONVILLE FL 32209
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

59-3141255

Applied For

Not Applicable

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

**WILLIAMS, ISIAH III
8905 CASTLE BLVD
JACKSONVILLE FL 32208**

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 **P** ☐ Delete
NAME **WILLIAMS, ISIAH J III**
STREET ADDRESS **8905 CASTLE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **VP** ☐ Delete
NAME **EPPS, FRANCINA**
STREET ADDRESS **P.O. BOX 9092**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

TITLE **D** ☐ Delete
NAME **ROBINSON, REV. PERRY C SR.**
STREET ADDRESS **5603 SILVERDALE AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Washington, Glenda**
STREET ADDRESS **1004 Edgewood Avenue, North**
CITY-ST-ZIP **Jacksonville, Florida 32209**

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 **CARTER, GEORGE**
STREET ADDRESS **8905 CASTLE LVD**
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:

SIGNATURE REQUIRED

1/8/02

(904) 924-1284

CR2E037 (9/01)