
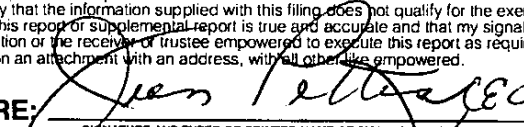


**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90081 020 \*\*\*\*70.00

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N44189</b>			
1. Entity Name <b>JACKSONVILLE COMMUNITY HEALTH CENTER, INC.</b>			
Principal Place of Business <b>5375 VERNON RD. JACKSONVILLE, FL 32209 US</b>		Mailing Address <b>5375 VERNON RD. JACKSONVILLE, FL 32209 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01242005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-3141255</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WILLIAMS, ISAIH III 8905 CASTLE BLVD JACKSONVILLE, FL 32208</b>		Name <b>Isiah Williams, III</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>1284 W. 20th Street</b>	
<b>*Please Note Address Correction</b>		City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32209</b>	
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 <b>Isaih Williams, III</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	
NAME	<b>EPPS, FRANCINA</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 9092</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32208</b>	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	<b>BARNEY, ROBERT</b>	NAME	
STREET ADDRESS	<b>137 EAST 18TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32206</b>	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	<b>ROBINSON, REV. PERRY C SR.</b>	NAME	
STREET ADDRESS	<b>5603 SILVERDALE AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32208</b>	CITY-ST-ZIP	
TITLE	SD	TITLE	<b>SD</b>
NAME	<b>WASHINGTON, GLENDIS</b>	NAME	<b>Washington, Glenda</b>
STREET ADDRESS	<b>1046 MACKINAW STREET</b>	STREET ADDRESS	<b>1046 Mackinaw Street, Jacksonville, FL 32254</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</b>	CITY-ST-ZIP	
TITLE	MD	TITLE	
NAME	<b>PETTIS, JEAN</b>	NAME	
STREET ADDRESS	<b>5375 VERNON RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	<b>WILLIAMS, ISIAH J III</b>	NAME	
STREET ADDRESS	<b>1284 W. 20TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>	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: 		Date <b>Jean Pettis, CEO</b> (904) 924-1284	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	