

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**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**



04302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**WILLIAMS, ISAIH III  
1284 W 20TH STREET  
JACKSONVILLE, FL 32209**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000760410  
05/25/07-80010-016 61.25

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BARNEY, ROBERT  
137 EAST 18TH STREET  
JACKSONVILLE, FL 32206**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FLOUENOY, EARL  
5375 VERNON RD  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Francina Epps* (FRANCINA EPPS)

4/30/07

764-8090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #