

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46306 (9)
1. Corporation Name
SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC

Principal Place of Business Mailing Address
42 S. MAIN STREET ALACHUA FL 32615
P O BOX 2157 ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **03/14/1994**
4. FEI Number **59-3112649** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HARRIS, J. OCIE
408 W UNIVERSITY AVE
SUITE 308
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME BONDS, CAROLE
STREET ADDRESS 1217 NW 51ST TERRACE
CITY-ST-ZIP GAINESVILLE FL
TITLE M
NAME RICHARDSON, BARBARA
STREET ADDRESS PO BOX 2157 NA
CITY-ST-ZIP ALACHUA FL
TITLE STD
NAME GALLUPS, CHRYSYAL
STREET ADDRESS RT 3 BOX 7
CITY-ST-ZIP LAKE CITY FL
TITLE D
NAME LANCASTER, SHEREE H.
STREET ADDRESS P.O. BOX 1000 N/A
CITY-ST-ZIP TRENTON FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME D
1.3 STREET ADDRESS Bonds, Carole
1.4 CITY-ST-ZIP 1217 NW 51st Terrace
Gainesville, FL
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME D
3.3 STREET ADDRESS Gallups, Chrystal
3.4 CITY-ST-ZIP Route 3, Box 7
Lake City, FL
4.1 TITLE Change Addition
4.2 NAME ~~Lancaster, Sheree H~~
4.3 STREET ADDRESS ~~P.O. Box 1000 N/A~~
4.4 CITY-ST-ZIP ~~Trenton, FL~~ OK
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Richardson Barbara Richardson 4-26-95 (904) 462-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lifetime Filing Fee \$

N40306

OFFICERS AND DIRECTORS

(Additional Officers & Directors not listed on Corporation Annual Report form)

Marilyn Mesh (PD)
ACORN Clinic
Rt 1 Box 59
Brooker, Florida 32622

Marjorie Abrams, Ph.D. (VD)
Santa Fe Community College
3000 NW 83rd Street
Gainesville, Florida 32606-6200

Arthur D. Peterson, II (STD)
155 NW 1st Street
Lake Butler, Florida 32054

Linda Johns (D)
P O Box 1223
Starke, Florida 32091

Dr. Jeffrey Rubin (D)
Bradford County PHU
329 North Church Street
Starke, Florida 32091

Lewis Patterson (D)
Rt 2 Box 100
Jennings, Florida 32053

Fred Peterson, MD (D)
U of F Clinic
3200 SW 34th Ave
Bld 200, Suite 201
Ocala, Florida 34478

Donna J. Ellis (D)
Rt 2 Box 342A
Mayo, Florida 32066

M. Ann Crowell (D)
3407 SE 15th Avenue
Gainesville, Florida 32641

Jana F. Hart (D)
Rt 2 Box 15
Mayo, Florida 32066

Ellen Baier (D)
Rt 3 Box 221
P O Box 2228
Alachua, Florida 32615

Audrey E. Shively (D)
2800 NE 39th Avenue
Gainesville, Florida 32609

Betty A. Davidson (D)
P O Box 718
Old Town, Florida 32680

Dr. Ocie Harris (D)
Ex-Officio Member
Director, U of F AHEC Program
P O Box 103581, JHMHC
Gainesville, Florida 32610

Tom Belcuore (D)
Ex-Officio Member
Alachua CPHU
730 N Waldo Road
Gainesville, Florida 32601

Rev 4/95

Libby Nord (D)
102 NW 15th Street, Apt #1
Gainesville, FL 32603