

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 10 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46306 (9)**

1. Corporation Name  
**SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC**



Principal Place of Business <b>42 S. MAIN STREET ALACHUA FL 32615</b>	Mailing Address <b>P O BOX 2157 ALACHUA FL 32616-2157</b>
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3. Date Incorporated or Qualified <b>01/01/1992</b>	3a. Date of Last Report <b>04/30/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>
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4. FEI Number <b>59-3112649</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BONDS, CAROLE</b>
STREET ADDRESS	<b>1217 NW 51ST TERRACE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>M</b> <input type="checkbox"/> DELETE
NAME	<b>RICHARDSON, BARBARA</b>
STREET ADDRESS	<b>PO BOX 2157 WA 48 S. Main</b>
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MESH, MARILYN</b>
STREET ADDRESS	<b>ROUTE 1 BOX 50 23320 N. State Rd 235</b>
CITY-ST-ZIP	<b>BROOKER FL 32622</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>ABRAMS, MARJORIE</b>
STREET ADDRESS	<b>3000 NW 83 ST</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32622</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>700002209687</b>
5.4 CITY-ST-ZIP	<b>-06/12/97--01003--002</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>***61.25</b>
6.4 CITY-ST-ZIP	

**PE  
6-10**

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (9/96)

Suwannee River AHEC Officers and Directors

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

MARJORIE ABRAMS (VD)  
3000 NW 83RD ST  
GAINESVILLE, FL 32606-6210

LINDA JOHNS (D)  
~~PO BOX 1223~~ N/A  
STARKE, FL 32091-1223

ELLEN BAIER (STD)  
~~PO BOX 1047~~ N/A  
CHIEFLAND, FL 32644-1047

KEN MCCALL (D)  
1801 NORTH TEMPLE AVE  
STARKE, FL 32091

TOM BELCUORE (D)  
~~PO BOX 1327~~ N/A  
GAINESVILLE, FL 32602-1327

MARILYN MESH (PD)  
RR 1 BOX 59  
BROOKER, FL 32622-9001

CLIFF CHAPMAN (D)  
~~PO BOX 336~~ N/A  
STARKE, FL 32091-0336

NICK MINDEN (D)  
~~PO BOX 100404~~ N/A  
GAINESVILLE, FL 32610-0404

ANN CROWELL (D)  
3600 NE 15TH ST  
GAINESVILLE, FL 32609-2484

LIBBY NORD (D)  
102 NW 15TH ST APT 1  
GAINESVILLE, FL 32603-1972

BETTY A. DAVIDSON (D)  
~~PO BOX 718~~ N/A  
OLD TOWN, FL 32680-0718

FRED PETERSON (D)  
17165 NW 162ND TERRACE  
WILLISTON, FL 32696

DONNA ELLIS (D)  
ROUTE 2, BOX 2080  
MAYO, FL 32066-9604

AUDREY E. SHIVELY (D)  
6616 NW 90TH STREET  
GAINESVILLE, FL 32653

PAULA FUGEL (D)  
~~PO BOX 67~~ N/A  
TRENTON, FL 32693-0067

MEREDITH TAYLOR (D)  
1302 11TH STREET  
LIVE OAK, FL 32060

JERONE GAMBLE (D)  
~~PO BOX 1388~~ N/A  
OCALA, FL 34478-1388

DENNIS TURNER (D)  
RR 6 BOX 423-U  
LAKE CITY, FL 32025-8841

CINDY GOOLSBY (D)  
RR 4 BOX 93A  
JASPER, FL 32052-9220

JENNIFER VANDENBROOK (D)  
~~PO BOX 748~~ N/A  
LAKE BUTLER, FL 32054-0748

L. OCIE HARRIS (D)  
~~PO BOX 103581~~ N/A  
GAINESVILLE, FL 32610

MICHAEL VERNACCHIO (D)  
1302 RIVER ST  
PALATKA, FL 32177-5042

JANA HART (D)  
RR 2 BOX 15  
MAYO, FL 32066-9642

LUREE WOTTON (D)  
22773 98TH TER  
LIVE OAK, FL 32060-5814