2002 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2002 8:00 am Secretary of State **DOCUMENT # N46306** 1. Entity Name SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC 01-29-2002 90006 017 ****61.25 Mailing Address Principal Place of Business P O BOX 2157 16407 NW 174 DR ALACHUA FL 32615 SHITE D ALACHUA FL 32615 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3112649 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RICHARDSON, BARBARA E 16407 NW 174 DR SUITE D Zip Code City ALACHUA FL 32615 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ſĕ, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete TITLE MCCALL, KEN NAME NAME 1801 NORTH TEMPLE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STARKE FL 32091 xx Change ☐ Addition TITLE TITLE ☐ Delete RICHARDSON, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 42 S. MAIN 16407 NW 174 Dr., Suite D CITY-ST-ZIP ALACHUA:FL:32615_s CITY-ST-ZIP. Alachua, FL 32615 Change ☐ Addition ☐ Delete TITLE TITLE MESH, MARILYN NAME NAME STREET ADDRESS STREET ADDRESS 23320 N. STATE RD. 235 CITY-ST-ZIP CITY-ST-ZIP Brooker FL 32622 ☐ Change Addition ☐ Delete TITLE TITLE DAVIDSON, BETTY A NAME NAME STREET ADDRESS P O BOX 718 STREET ADDRESS OLD TOWN FL 32680 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE GAMBLE, JERONE NAME NAME P O BOX 1388 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34478 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Suwannee River AHEC Officers and Board Members 01-02

SRAHEC Officers

Betty A. Davidson SRAHEC President

P O Box 718 Old Town, Florida 32680

Jerone Gamble SRAHEC Vice-President

P O Box 1388 Ocala, Florida 34478

Linda Johns SRAHEC Treasurer

P O Box 1223 Starke, Florida 32091

Paula L. Fugel SRAHEC Secretary 310 NW 11th Ave Trenton, Florida 32693

Marilyn Mesh
Immediate Past President
23320 N SR 235
Brooker, Florida 32622

Barbara Richardson SRAHEC Executive Director P O Box 2157

SRAHEC Board Members

SKAPICE Bodra Melliber

Alachua, Florida 32616

Sheila Baker 3000 N.W. 83rd Street Bldg W002 Gainesville, Florida 32606

Tom Belcuore Ex-Officio Member 224 S.E. 24th Street Gainesville, Florida 32601 Beth Buckley
125 SW 7th Street
Williston, Florida 32696

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