

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46306

**FILED**  
**Jan 28, 2004**  
**Secretary of State****Entity Name:** SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC.**Current Principal Place of Business:**16407 NW 174 DR  
SUITE D  
ALACHUA, FL 32615**New Principal Place of Business:****Current Mailing Address:**P O BOX 2157  
ALACHUA, FL 32615**New Mailing Address:****FEI Number:** 59-3112649**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RICHARDSON, BARBARA E  
16407 NW 174 DR  
SUITE D  
ALACHUA, FL 32615 US**Name and Address of New Registered Agent:**MESH, MARILYN  
16407 NW 174 DR  
SUITE D  
ALACHUA, FL 32615 US

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: MARILYN MESH

01/28/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** MCCALL, KEN  
**Address:** 1801 NORTH TEMPLE AVE.  
**City-St-Zip:** STARKE, FL 32091**Title:** M ( ) Delete  
**Name:** RICHARDSON, BARBARA  
**Address:** 16407 NW 174 DR SUITE D  
**City-St-Zip:** ALACHUA, FL 32615**Title:** D ( ) Delete  
**Name:** MESH, MARILYN  
**Address:** 23320 N. STATE RD. 235  
**City-St-Zip:** BROOKER, FL 32622**Title:** PD ( ) Delete  
**Name:** DAVIDSON, BETTY A  
**Address:** P O BOX 718  
**City-St-Zip:** OLD TOWN, FL 32680**Title:** V ( ) Delete  
**Name:** GAMBLE, JERONE  
**Address:** P O BOX 1388  
**City-St-Zip:** OCALA, FL 34478**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** T (X) Change ( ) Addition  
**Name:** FUGEL, PAULA  
**Address:** 310 NW 11TH AVENUE  
**City-St-Zip:** TRENTON, FL 326930067**Title:** M (X) Change ( ) Addition  
**Name:** MESH, MARILYN  
**Address:** 16407 NW 174 DR SUITE D  
**City-St-Zip:** ALACHUA, FL 32615**Title:** D (X) Change ( ) Addition  
**Name:** GIBBS, MICAELA  
**Address:** 23320 N. STATE RD. 235  
**City-St-Zip:** BROOKER, FL 32622**Title:** PD (X) Change ( ) Addition  
**Name:** GAMBLE, JERONE  
**Address:** PO BOX 1388  
**City-St-Zip:** OCALA, FL 34478**Title:** V (X) Change ( ) Addition  
**Name:** JOHNS, LINDA  
**Address:** PO BOX 1223  
**City-St-Zip:** STARKE, FL 32091**Title:** S ( ) Change (X) Addition  
**Name:** CHAPMAN, CLIFF  
**Address:** PO BOX 548  
**City-St-Zip:** GAINESVILLE, FL 32602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERONE GAMBLE

PD

01/28/2004

Electronic Signature of Signing Officer or Director

Date