

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46306

FILED  
Jan 05, 2007  
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:**

MESH, MARILYN  
16407 NW 174 DR  
SUITE D  
ALACHUA, FL 32615 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: PALLAS, ABRAHAM  
Address: 149 SE COLLEGE PLACE  
City-St-Zip: LAKE CITY, FL 320258703 US

Title: M      ( ) Delete  
Name: MESH, MARILYN  
Address: 16407 NW 174 DR SUITE D  
City-St-Zip: ALACHUA, FL 32615

Title: D      ( ) Delete  
Name: GAMBLE, JERONE  
Address: PO BOX 1388  
City-St-Zip: OCALA, FL 34478 US

Title: PD      ( ) Delete  
Name: JOHNS, LINDA  
Address: PO BOX 1223  
City-St-Zip: STARKE, FL 32091 US

Title: V      ( ) Delete  
Name: GIBBS, MICAELA  
Address: 23320 N SR 235  
City-St-Zip: BROOKER, FL 32622 US

Title: S      ( ) Delete  
Name: BAKER, SHEILA  
Address: 3000 NW 83RD ST BLD W002  
City-St-Zip: GAINESVILLE, FL 32606 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: GIBBS, MICAELA  
Address: PO BOX 100432  
City-St-Zip: GAINESVILLE, FL 32610 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LINDA JOHNS

PD

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date