

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46306

FILED
Jan 16, 2009
Secretary of State

Entity Name: SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

14646 NW 151ST BLVD
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

14646 NW 151ST BLVD
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
14646 NW 151ST BLVD
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: YATES, DEWAYNE
Address: 911 S MAIN ST
City-St-Zip: TRENTON, FL 32693 US

Title: M () Delete
Name: MESH, MARILYN
Address: 14646 NW 151ST BLVD
City-St-Zip: ALACHUA, FL 32615

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

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

Title: D () Delete
Name: RICHARDSON, BARBARA
Address: 2750 NW 43RD ST STE 102
City-St-Zip: GAINESVILLE, FL 32606

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

Title: VP (X) Change () Addition
Name: OTTENWESS, KRISTINA
Address: 1303 SW 255TH ST.
City-St-Zip: NEWBERRY, FL 32669 US

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

Title: S (X) Change () Addition
Name: HOLLAND, WINNIFRED
Address: 1801 N TEMPLE AVE
City-St-Zip: STARKE, FL 32091 US

I hereby certify that the information supplied with this filing does not qualify 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: MARILYN MESH

M

01/16/2009

Electronic Signature of Signing Officer or Director

Date