

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46306

FILED
Jan 29, 2010
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: P
Name: STEPHEN, RACHELLE
Address: PO BOX 100236
City-St-Zip: GAINESVILLE, FL 32610 US

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

Title: T
Name: GIBBS, MICAELA
Address: PO BOX 100432
City-St-Zip: GAINESVILLE, FL 32610 US

Title: VP
Name: GAY, SHARON
Address: 209 SE CENTRAL AVE
City-St-Zip: JASPER, FL 32052

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

Title: S
Name: JONES, MATTIE
Address: 149 SE COLLEGE PLACE
City-St-Zip: LAKE CITY, FL 32025-870 US

I hereby 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 all other like empowered.

SIGNATURE: MARILYN MESH

M

01/29/2010

Electronic Signature of Signing Officer or Director

Date