
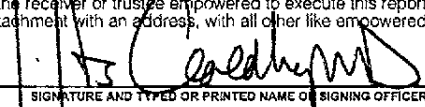


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50221</b> 1. Entity Name COMMUNITY HEALTH & DEVELOPMENT, INC.		
Principal Place of Business 900 UNIVERSITY BLVD., N. SUITE 110 JACKSONVILLE, FL 32211 US		Mailing Address 900 UNIVERSITY BLVD., N. SUITE 110 JACKSONVILLE, FL 32211 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GOLDHAGEN, JEFFREY 515 WEST 6TH STREET JACKSONVILLE, FL 32206		<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDHAGEN, JEFFREY 515 WEST 6TH STREET JACKSONVILLE, FL 32206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEANS, ELIZABETH 655 W. 8TH STREET JACKSONVILLE, FL 32209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILELLO, LORI 900 N UNIVERSITY BLVD., N. #202 JACKSONVILLE, FL 32211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		
SIGNATURE: 		4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3135429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

UGD0000521384  
05/02/06-80129-020 61.25

**DO NOT WRITE  
IN THIS SPACE**