

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50221

FILED
Apr 27, 2009
Secretary of State

Entity Name: COMMUNITY HEALTH & DEVELOPMENT, INC.

Current Principal Place of Business:

644 CESERY BLVD
SUITE 210
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

4318 BLUE HERON DRIVE
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

644 CESERY BLVD
SUITE 210
JACKSONVILLE, FL 32211 US

New Mailing Address:

4318 BLUE HERON DRIVE
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-3135429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDHAGEN, JEFFREY
515 WEST 6TH STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

GOLDHAGEN, JEFFREY
4318 BLUE HERON DRIVE
PONTE VEDRA BEACH, FL 32082 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: JEFFREY GOLDHAGEN

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDHAGEN, JEFFREY
Address: 515 WEST 6TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: MEANS, ELIZABETH
Address: 655 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: BILELLO, LORI
Address: 900 N UNIVERSITY BLVD., N. #202
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOLDHAGEN, JEFFREY
Address: 4318 BLUE HERON DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 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: JEFFREY GOLDHAGEN

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date