

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50221

FILED
May 01, 2010
Secretary of State

Entity Name: COMMUNITY HEALTH & DEVELOPMENT, INC.

Current Principal Place of Business:

4318 BLUE HERON DRIVE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

4318 BLUE HERON DRIVE
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 59-3135429 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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: JEFFREY GOLDHAGEN

D

05/01/2010

Electronic Signature of Signing Officer or Director

Date