

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001862 (2)

1. Corporation Name

COMMUNITY HEALTH AWARENESS, INC.



Principal Place of Business

Mailing Address

840 N.E. 70TH STREET
MIAMI FL 33138

840 N.E. 70TH STREET
MIAMI FL 33138

3. Date Incorporated or Qualified
04/26/1993

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0413883

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TILLERY, DONNA DR
840 N.E. 70TH ST
MIAMI FL 33138

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0507 Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TILLERY, DONNA DR	
STREET ADDRESS	840 N.E. 70TH ST	
CITY - ST - ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, EARL DR.	
STREET ADDRESS	5050 NW 7TH AVE.	
CITY - ST - ZIP	MIAMI FL 33127	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ABNER, BEVERLY MS	
STREET ADDRESS	734 N.W. 141 ST	
CITY - ST - ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLYDEN, GERSHWIN	
STREET ADDRESS	P.O. BOX 381057	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COY, KEVIN M	
STREET ADDRESS	4320 ALTON ROAD	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAN, JOSEPH DR.	
STREET ADDRESS	4300 ALTON RD.	
CITY - ST - ZIP	MIAMI BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

100001833731
-05/22/96--01016--085
***61.25

5-21-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)