

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002749

FILED
Jan 18, 2005
Secretary of State

Entity Name: COMMUNITY HEALTH CHARITIES OF FLORIDA, INC.

Current Principal Place of Business:

3269 CRAWFORDVILLE HWY UNIT 2
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1049
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-3218006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOPER, GWEN
4351 NW 32ND PLACE
CHIEFLAND, FL 32326 US

Name and Address of New Registered Agent:

COOPER, GWEN
3297 SMITH CREEK HWY
SOPCHOPPY, FL 32358 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:

01/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DULAC, MS STEPHANIE
Address: 807 CHILDREN'S WAY/SPINA BIFIDA ASSOC.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD () Delete
Name: EDDY, MS. MARIA
Address: 202 SOUTH 22ND ST SUITE 104
City-St-Zip: YBOR CITY, FL 33605

Title: S () Delete
Name: HAYNES, MS. FRANCINE
Address: 1350 N. ORANGE AVE. SUITE 227
City-St-Zip: WINTER HAVEN, FL 32789

Title: TD () Delete
Name: CAESAR, MS. TAMI
Address: 3659 MCGUIRE BLVD. SUITE 110
City-St-Zip: ORLANDO, FL 32803

Title: M () Delete
Name: CUELLAR, MS. SUSAN
Address: 3816 LINEBAUGH AVE STE 303/ARTHRITIS FOUND
City-St-Zip: TAMPA, FL 33624

Title: CEO () Delete
Name: COOPER, MS. GWEN
Address: 3269 CRAWFORDVILLE HWY UNIT 2
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: GWEN COOPER

CEO

01/18/2005

Electronic Signature of Signing Officer or Director

Date