

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002749

FILED
Mar 23, 2009
Secretary of State

Entity Name: COMMUNITY HEALTH CHARITIES OF FLORIDA, INC.

Current Principal Place of Business:

15 A CRESCENT WAY
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
3297 SMITH CREEK RD
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

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: B.CH () Delete
Name: HAMER, BUNNY MS
Address: 4185 W. LAKE MARY BLVD. #169
City-St-Zip: LAKE MARY, FL 32746

Title: V.CH () Delete
Name: REDDICK, FRANK MR
Address: 3402 N. 22ND ST.
City-St-Zip: TAMPA, FL 33680

Title: S () Delete
Name: GRANT, DIANTHA MS
Address: 9000 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: TR () Delete
Name: NELSON, MR. CHARLIE
Address: 2701 MAITLAND CENTER PKWY SUITE 100
City-St-Zip: MAITLAND, FL 32751

Title: MAL () Delete
Name: EARLE, SUZANNE MS.
Address: 725 36TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: CEO () Delete
Name: COOPER, MS. GWEN
Address: 15 A CRESCENT WAY
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: S (X) Change () Addition
Name: GRANT, DIANTHA MS
Address: 841 PRUDENTIAL DRIVE. SUITE 150
City-St-Zip: JACKSONVILLE, FL 32207

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 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: GWEN COOPER

Electronic Signature of Signing Officer or Director

CEO

03/23/2009

_____ Date