

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 # N93000004535 (1)

1. Corporation Name

DISTRICT 8 COMMUNITY HEALTH PURCHASING ALLIANCE,
INC.



Principal Place of Business

Mailing Address

1205 G ELIZABETH ST
PUNTA GORDA FL 33950
US

1205 G ELIZABETH ST
PUNTA GORDA FL 33950
US

3. Date Incorporated or Qualified
10/05/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0444875

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

TICHENOR, DAVID
1510 S TUTTLE AVE
SARASOTA FL 34239

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 617.0503, 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 ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DS
ACKERT, RICHARD C
1530 HEITMAN ST.
FT. MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
BARROSO, DIGNO J
1703 W 7TH AVE
IMMOKALEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
D'ANDREA, DIANE
144 W MARION AVE
PUNTA GORDA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
BAKER, BRAD
3108 CASEY KEY RD.
NOKOMIS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
BRADEN, BERNICE
1506 SE 14TH ST
CAPE CORAL FL 33990

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
CASALE, CARMEL
630 PERIWINKLE WAY
SANIBEL ISLAND FL 33957

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ALAN T. PENN
1205 ELIZABETH ST. UNIT 6
PUNTA GORDA, FL 33955

4812 CAPE CORAL ST
CAPE CORAL, FL 33904

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)(k), 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)