

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jul 22 1996 8:00 am  
Secretary of State

DOCUMENT # N95000000563 (5)

1. Corporation Name

CHILD AND FAMILY COMMUNITY HEALTH INITIATIVE, INC.

Principal Place of Business

1093 W 6 STREET  
EMMETT REED COMMUNITY CNTR  
JACKSONVILLE FL 32209

Mailing Address

1093 W 6 STREET  
EMMETT REED COMMUNITY CNTR  
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 CHILD AND FAMILY COMM. HEALTH INIT.

26 C A F C H I

4. FEI Number

59-3293294

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

22 1248 EDGEWOOD AVE. W.

27 1248 EDGEWOOD AVE. W.

23 JACKSONVILLE, FL.

28 JACKSONVILLE, FL.

24 32208

25 USA

29 32208

30 USA

9. Name and Address of Current Registered Agent

CAMPBELL, BENJAMIN F  
1093 W 6 STREET  
EMMETT REED COMMUNITY CNTR  
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name BLACK, MARVIN T  
82 Street Address (P.O. Box Number is Not Acceptable)  
1248 EDGEWOOD AVE. W.  
83 CHILD AND FAMILY COMMUNITY HEALTH INT.  
84 City JACKSONVILLE FL 85 Zip Code 32208

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

Marvin T. Black, EXECUTIVE DIRECTOR

5-10-96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D  
NAME TORRENCE, CAROCA  
STREET ADDRESS 2472 ELLINGTON AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D  
NAME GRIER, GENE  
STREET ADDRESS 8100 MONCRIEF DINSMORE RD  
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE D  
NAME SIMMONS, CHARLES E III, MD  
STREET ADDRESS 1771 W. EDGEWOOD AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D  
NAME PRIME, RUTHIE  
STREET ADDRESS 2549 W 43 STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D  
NAME ADAMS, CHARLIE L ESQ.  
STREET ADDRESS 1003 W. EDGEWOOD AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D  
NAME JACKSON, WILLIE C III  
STREET ADDRESS 2725 LAURA ST  
CITY-ST-ZIP JACKSONVILLE FL 32206

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

5/15/96

Date:

904-353-9713

Daytime Phone #

CR2E037 (12/95)