

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

Mailing Address

1093 W 6 STREET
EMMETT REED COMMUNITY CNTR
JACKSONVILLE FL 32209

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

22 1248 EDGEWOOD AVE. W.

27 1248 EDGEWOOD AVE. W.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 JACKSONVILLE, FL.

28 JACKSONVILLE, FL.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 32208 25 USA

29 32208 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	TORRENCE, CAROCA	
STREET ADDRESS	2472 ELLINGTON AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIER, GENE	
STREET ADDRESS	8100 MONCRIEF DINSMORE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, CHARLES E III, MD	
STREET ADDRESS	1771 W. EDGEWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIME, RUTHIE	
STREET ADDRESS	2549 W 43 STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, CHARLIE L ESQ.	
STREET ADDRESS	1003 W. EDGEWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, WILLIE C III	
STREET ADDRESS	2725 LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	

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	

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:

Willie C Jackson III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96

DATE

904-353-9713

DAYTIME PHONE #

CR2E037 (12/95)