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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000563 (5)

1. Corporation Name

CHILD AND FAMILY COMMUNITY HEALTH INITIATIVE, IN
C.

Principal Place of Business

Mailing Address

1248 EDGEWOOD AVENUE WEST
JACKSONVILLE FL 32208
US1248 EDGEWOOD AVENUE WEST
JACKSONVILLE FL 32208
US3. Date Incorporated or Qualified
02/06/19953a. Date of Last Report
07/22/1996

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, MARVIN
1248 EDGEWOOD AVENUE W
EMMETT REED COMMUNITY CNTR
JACKSONVILLE FL 32208

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

Marvin V. Black, CEO

01-16-97

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 D ☐ DELETE
NAME TORRENCE, CAROCA
STREET ADDRESS 2472 ELLINGTON AVENUE
CITY-ST-ZIP JACKSONVILLE FL 322091.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME GRIER, GENE
STREET ADDRESS 8100 MONCRIEF DINSMORE RD
CITY-ST-ZIP JACKSONVILLE FL 322192.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME SIMMONS, CHARLES E III, MD
STREET ADDRESS 1771 W. EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 322093.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME PRIME, RUTHIE
STREET ADDRESS 2549 W 43 STREET
CITY-ST-ZIP JACKSONVILLE FL 322094.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME ADAMS, CHARLIE L ESQ.
STREET ADDRESS 1003 W. EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 322085.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME JACKSON, WILLIE C III
STREET ADDRESS 2725 LAURA ST
CITY-ST-ZIP JACKSONVILLE FL 322086.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles E. Simmons, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-97

Date

Daytime Phone # 9077345

CR2E037 (9/96)