

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90372 011 \*\*\*\*70.00

40050966



<b>DOCUMENT # N96000004513</b> 1. Entity Name <b>WILLA CARSON HEALTH RESOURCE CENTER, INC.</b>					
Principal Place of Business <b>1108 N. MARTIN LUTHER KING AVE CLEARWATER, FL 33755</b>			Mailing Address <b>1108 N. MARTIN LUTHER KING AVE CLEARWATER, FL 33755</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0743078</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CARSON, WILLA 2002 AUSTRALIA WAY EAST CLEARWATER, FL 33763</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CARSON, WILLA</b> <b>2002 AUSTRALIA WAY EASY</b> <b>CLEARWATER, FL 33763</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>DEAN, GREGORY</b> <b>1013 LOTUS PATH</b> <b>CLEARWATER, FL 33756</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>GOSS, THERESA</b> <b>1201 MACRAE AVE</b> <b>CLEARWATER, FL 33755</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ABDUR-RAHIM, MUHAMMAD</b> <b>1028 N. MADISON AVE.</b> <b>CLEARWATER, FL 33756</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>AYER, JAMES</b> <b>7920 JAYWOOD ROAD</b> <b>LARGO, FL 33777</b> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SHERMAN, WILLIAM F</b> <b>1014 PENNSYLVANIA AVE</b> <b>CLEARWATER, FL 33755</b> <input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: JAMES AYER</b> <i>James Ayer</i> <b>4/12/06</b> <b>727 393-3978</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# N 96000004513

40050966

ATTACHMENT

ADDITIONAL DIRECTORS

D

Miles Ballogg  
380 Park Blvd.  
Clearwater, Fl. 33759

D

Michele Cameron  
1690 Robinhood Lane  
Clearwater, Fl. 33759

D

Annette Faison  
1118 Macrae Ave  
Clearwater, Fl. 33755

SD

Rita Garvey  
1550 Ridgewood St.  
Clearwater, Fl. 33755

D

Bilal Habeeb-Ullah  
1250 Holt St.  
Clearwater, Fl. 33755

D

David Ruppel  
14001 Kensington Oak Pl.  
Largo, Fl. 33774

D

Gregory Showers  
133 N. Ft. Harrison Av.  
Clearwater, Fl. 33755