

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004513

FILED
Jan 07, 2009
Secretary of State

Entity Name: WILLA CARSON HEALTH RESOURCE CENTER, INC.

Current Principal Place of Business:

1108 N. MARTIN LUTHER KING AVE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1108 N. MARTIN LUTHER KING AVE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 65-0743078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABDUR-RAHIM, MUHAMMAD
1028 MADISON AVE
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: TYRELL, ANNIE
Address: 2574 59TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: PD () Delete
Name: ABDUR-RAHIM, MUHAMMAD
Address: 1028 N. MADISON AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: BOD () Delete
Name: BALLOGG, MILES
Address: 380 PARK BLVD, SUITE 300
City-St-Zip: CLEARWATER, FL 33759

Title: BOD () Delete
Name: SHERMAN, WILLIAM F
Address: 1014 PENNSYLVANIA AVE
City-St-Zip: CLEARWATER, FL 33755

Title: SD () Delete
Name: FLANERY, MICHAEL
Address: 1836 VENETIAN POINT DRIVE
City-St-Zip: CLEARWATER, FL 33755

Title: BOD () Delete
Name: SHOWERS, GREGORY
Address: 133 N. FT HARRISON AVENUE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNIE TYRELL

DIR

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date