

2001 UNIFORM BUSINESS REPORT (UBR)

6/5/01

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-05-2001 90029 034 ****61.25

DOCUMENT # N97000000549

1. Entity Name

COUNCIL OF CHURCH-BASED HEALTH PROGRAMS, INC.

Principal Place of Business

2639 NORTH MONROE STREET
 SUITE 145-B
 TALLAHASSEE FL 32303

Mailing Address

2639 NORTH MONROE STREET
 SUITE 145-B
 TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3925755**
59-3425955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY J. HARRIS
 2639 NO. MONROE ST.
 SUITE 145-B
 TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME COLLINS, EARNESTINE (D) ☒ Delete
 STREET ADDRESS 2639 NORTH MONROE STREET, SUITE 145-B
 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE SD
 NAME VARNER, ELEASE (D) ☐ Delete
 STREET ADDRESS 2639 NORTH MONROE STREET, SUITE 145-B
 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE TD
 NAME LONG, EMMETT JR (D) ☐ Delete
 STREET ADDRESS 2639 NORTH MONROE STREET, SUITE 145-B
 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE President (D) ☐ Change ☒ Addition
 NAME Willie Bell
 STREET ADDRESS 2639 No. Monroe St, Suite 145-B
 CITY-ST-ZIP Tallahassee, FL 32303

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and all other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)