

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90388 013 ****61.25

DOCUMENT # N97000003481

1. Entity Name

COMMUNITY HEALTH TASK FORCE, INC.

Principal Place of Business

Mailing Address

C/O BAY COUNTY HEALTH DEPT.
 597 W 11TH ST.
 PANAMA CITY FL 32401-2330

C/O BAY COUNTY HEALTH DEPT.
 597 W 11TH ST.
 PANAMA CITY FL 32401-2330

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

59-3452504

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, WILLIAM G JR
304 MAGNOLIA AVENUE
PANAMA CITY FL 32401

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P <input type="checkbox"/> Delete
NAME	WHITIS, JUDY Y
STREET ADDRESS	C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST
CITY-ST-ZIP	PANAMA CITY FL 32401-2330
TITLE	VD <input type="checkbox"/> Delete
NAME	TAYLOR, RICHARD STEVE DR
STREET ADDRESS	C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST
CITY-ST-ZIP	PANAMA CITY FL 32401-2330
TITLE	SD <input type="checkbox"/> Delete
NAME	MATTHEWS, MARY
STREET ADDRESS	C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST
CITY-ST-ZIP	PANAMA CITY FL 32401-2330
TITLE	TD <input type="checkbox"/> Delete
NAME	RANDALL, WILLIAM S
STREET ADDRESS	C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST
CITY-ST-ZIP	PANAMA CITY FL 32401-2330
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY M. WARNER (ATTORNEY)
STREET ADDRESS	C/O BAY COUNTY HEALTH DEPT
CITY-ST-ZIP	597 W. 11TH ST., PC, FL 32401
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE E. KNAFELC (CAPTAIN)
STREET ADDRESS	C/O BAY COUNTY HEALTH DEPT.
CITY-ST-ZIP	597 W. 11TH ST, PC, FL 32401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 (850) 872-4155
 Date Daytime Phone # Ext. 210

CR2E037 (9/99)