## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N97000003481**

COMMUNITY HEALTH TASK FORCE, INC.



Principal Place of Business

C/O BAY COUNTY HEALTH DEPT.

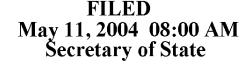
597 W 11TH ST. PANAMA CITY, FL 32401-2330

Mailing Address

C/O BAY COUNTY HEALTH DEPT.

597 W 11TH ST.

PANAMA CITY, FL 32401-2330





03042003 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3452504 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, WILLIAM G JR 304 MAGNÓLIA AVENUE

CHTY-ST-ZIP

TITLE NAME STREET ADDDESS CITY-ST-ZIP

MAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE

PANAMA GITT, TE 32401			IN THIS SPACE			
	named entity submits this statement for the	ne purpose of changing its register	ed office or s	egistered agent, or bo	oth, in the State of Florida. I am familiar with	ı, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and	hite if environments (MCTTE - Secretaria)	ri Aruset elemen a	required when reinstating)	DATE	<del></del> _
D	Filing Fee is \$61.25 ue by September 8, 2004	S. Election Campaign Finar     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000159756 05/11/04-80001-008 6	1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE  CD HARNED, ROBERT 597 W. 11TH ST PANAMA CITY, FL 32401  VP DEEN, HARRY 597 W. 11TH ST PANAMA CITY, FL 32401	RECTORS —				
THRE NAME STREET ADDRESS CHY-SI-ZIP THLE NAME STREET ADDRESS	PANAMA CITY, FL 324012330 DT RANDALL, WILLIAM S			_ <del>_</del>	NOT WRITE THIS SPACE	

12. I hereby certify that the information supplied with this filling 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 produced.

SIGNATURE NTED HAME OF SIGNING OFFICER OR DIREC

PANAMA CITY, FL 324012330