

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000003481**  
 1. Entity Name  
**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)

**DO NOT WRITE IN THIS SPACE**

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 MAGNOLIA AVENUE  
 PANAMA CITY, FL 32401**

**DO NOT WRITE IN THIS SPACE**

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.

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

**Filing Fee is \$61.25  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000159756  
 05/11/04-80001-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARNED, ROBERT 597 W. 11TH ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEEN, HARRY 597 W. 11TH ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MATTHEWS, MARY C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST PANAMA CITY, FL 324012330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RANDALL, WILLIAM S C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST PANAMA CITY, FL 324012330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without other like empowered.

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

5/1/04 850-872-4455  
 Date Daytime Phone # X-210