


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 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
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DO NOT WRITE IN THIS SPACE	
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02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3452504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARRISON, WILLIAM G JR 304 MAGNOLIA AVENUE PANAMA CITY, FL 32401

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 another like empowered.

SIGNATURE: 	Date: 2/10/05 (850) 872-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone: 8-1210