

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90024 036 \*\*\*\*61.25

**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**

**60003165**



01172006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3452504</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>HARRISON, WILLIAM G JR 304 MAGNOLIA AVENUE PANAMA CITY, FL 32401</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 May 1, 2006**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARNED, ROBERT			NAME			
STREET ADDRESS	597 W. 11TH ST			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32401			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEEN, HARRY			NAME	Loretta Miller		
STREET ADDRESS	597 W. 11TH ST			STREET ADDRESS	597 W. 11th St.		
CITY-ST-ZIP	PANAMA CITY, FL 32401			CITY-ST-ZIP	Panama City, FL 32401		
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTHEWS, MARY			NAME			
STREET ADDRESS	C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 324012330			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANDALL, WILLIAM S			NAME	Don Dillon		
STREET ADDRESS	C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST			STREET ADDRESS	597 W. 11th St.		
CITY-ST-ZIP	PANAMA CITY, FL 324012330			CITY-ST-ZIP	Panama City, FL 32401		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the 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]*

*Secretary*

1/17/06 (450) 872-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #