

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90034 002 ****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**

40127733



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

316 Laverne St.

Suite, Apt. #, etc.

P.O. Box 975

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32401

Country

Bay

Zip

32402

Country

Bay

07302007

Chg-NP

CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
HARNED, ROBERT
597 W. 11TH ST
PANAMA CITY, FL 32401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MILLER, LORETTA Loretta
597 W 11TH ST
PANAMA CITY, FL 32401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
MATTHEWS, MARY
C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST
PANAMA CITY, FL 324012330** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
DILLON, RON
597 W 11TH ST
PANAMA CITY, FL 32401** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Robert Harned
2020 Thomas Drive, Suite 3
Panama City, FL 32408** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Loretta Miller
651 W. 14th St, Suite K
Panama City, FL 32401** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Meredith Green
615 N. Bonita Ave
Panama City, FL 32401** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/30/07