


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90006 043 ****61.25

DOCUMENT # N97000003481

1. Entity Name
COMMUNITY HEALTH TASK FORCE, INC.



40056130

Principal Place of Business
 316 LUVERNE ST
 PANAMA CITY, FL 32401

Mailing Address
 P.O. BOX 975
 PANAMA CITY, FL 32402



2. Principal Place of Business - No P.O. Box #
431 Oak Ave
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03242008 Chg-NP CR2E037 (12/06)

City & State
Panama City, FL

City & State

Zip
32401 Country

Zip Country

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 May 1, 2008

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 <input type="checkbox"/> Delete 2020 THOMAS DRIVE SUITE 3 PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, LOVETTA <input type="checkbox"/> Delete 651 W. 14TH STREET SUITE K PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MATTHEWS, MARY <input type="checkbox"/> Delete C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST PANAMA CITY, FL 324012330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREEN, MEREDITH <input type="checkbox"/> Delete 615 N. BONITA AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Miller, Loretta <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 651 W. 14th St Ste. K Panama City, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Meredith T. Green Meredith T. Green 3/24/08 850-747-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #