

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003481

FILED
Mar 08, 2011
Secretary of State

Entity Name: COMMUNITY HEALTH TASK FORCE, INC.

Current Principal Place of Business:

431 OAK AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 975
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 59-3452504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, WILLIAM G JR
304 MAGNOLIA AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD
Name: HARNED, ROBERT
Address: 2020 THOMAS DRIVE SUITE 3
City-St-Zip: PANAMA CITY, FL 32408

Title: VP
Name: MILLER, LORETTA
Address: 651 W. 14TH ST. STE. D
City-St-Zip: PANAMA CITY, FL 32401

Title: DL
Name: KELLY, CONNIE D MRS.
Address: 5218 GALLOWAY RD
City-St-Zip: GRACEVILLE, FL 32440

Title: DT
Name: OTWELL, DAWN
Address: 6440A SUMMEROAK DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CONNIE KELLY

LIAI

03/08/2011

Electronic Signature of Signing Officer or Director

Date