
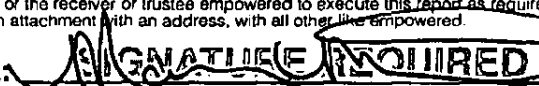


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

03-07-2003 90117 033 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3452504 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRISON, WILLIAM G JR 304 MAGNOLIA AVENUE PANAMA CITY FL 32401			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PDC WARNER, TIM 597 W. 11TH ST PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Robert Harned 597 W. 11th St. Panama City, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDVC DEAN, HARRY 597 W. 11TH ST PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Harry Dean 597 W. 11th St Panama City, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MATTHEWS, MARY C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST PANAMA CITY FL 32401-2330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Matthews, Mary C/O Bay County Health Dept., 597 W. 11th St., Panama City, FL 32401-2330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer RANDALL, WILLIAM S C/O BAY COUNTY HEALTH DEPT., 597 W 11TH ST PANAMA CITY FL 32401-2330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Randall, William C/O Bay County Health Dept, 597 W. 11th St., Panama City, FL 32401-2330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARNER, TIM 597 W 11TH ST/BAY CTY HLTH DEPT PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: 			3/5/03		
SIGNATURE AND EXEMPTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2E037 (10/02)