2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000527

1. Entity Name
FAITH HEALTH CLINIC, INC.

Principal Place of Business	Mailing Address
4182 BALTZELL STREET MARIANNA, FL 32446	P O BOX 796 MARIANNA, FL 32447

DO NOT WRITE IN THIS SPACE

04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWEARINGEN, GLENDA F
4431 LAFAYETTE STREET
MARIANNA, FL 32446

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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, 2004

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

U00000147592
05/03/04-80114-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	TP
NAME	ANDEM, EFIONG DR.
STREET ADDRESS	4461 BROAD ST.
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	BMD
NAME	HUDSON, ETTA T
STREET ADDRESS	2357 YOUDON LANE
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	BMD
NAME	HYLES, FRANK DR
STREET ADDRESS	4598 FOREST PARK DRIVE
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	BDM
NAME	HOFF, ROBERT DR
STREET ADDRESS	3085 WATSON DRIVE
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	T
NAME	RUSSELL, RAMONA
STREET ADDRESS	2371 HWY 73
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	T
NAME	WILLIS, DEBORAH
STREET ADDRESS	974 VIEW DR.
CITY-ST-ZIP	ALFORD, FL 32420

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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: DR EFIONG O ANDEM 4/30/04 850-547-5404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #