

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000005204

1. Entity Name
COMMUNITY PHA, INC.



Principal Place of Business
11274 W. HILLSBOROUGH AVE.
TAMPA, FL 33635 US

Mailing Address
11274 W. HILLSBOROUGH AVE.
TAMPA, FL 33635 US

FILED

04 APR 22 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3527242

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCE, F. LANE M.D.
11274 W. HILLSBOROUGH AVE.
TAMPA, FL 33635

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IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
FRANCE, F. LANE M.D.
11274 W. HILLSBOROUGH AVE.
TAMPA, FL 33635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
LIBERMAN, JUDITH P
11274 W. HILLSBOROUGH AVE.
TAMPA, FL 33635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERRELI, RICHARD
11274 W. HILLSBOROUGH AVE.
TAMPA, FL 33635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600033585576
04/22/04--01005--018 **311.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #