

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N46306** (9)  
1. Corporation Name  
**SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC**

Principal Place of Business Mailing Address  
**42 S. MAIN STREET ALACHUA FL 32615** **P O BOX 2157 ALACHUA FL 32615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **03/14/1994**  
4. FEI Number **59-3112649** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, J. OCIE**  
**408 W UNIVERSITY AVE**  
**SUITE 308**  
**GAINESVILLE FL 32601**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME BONDS, CAROLE  
STREET ADDRESS 1217 NW 51ST TERRACE  
CITY-ST-ZIP GAINESVILLE FL  
TITLE M  
NAME RICHARDSON, BARBARA  
STREET ADDRESS PO BOX 2157 NA  
CITY-ST-ZIP ALACHUA FL  
TITLE STD  
NAME GALLUPS, CHRYSAL  
STREET ADDRESS RT 3 BOX 7  
CITY-ST-ZIP LAKE CITY FL  
TITLE D  
NAME LANCASTER, SHEREE H.  
STREET ADDRESS P.O. BOX 1000 N/A  
CITY-ST-ZIP TRENTON FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME D  
1.3 STREET ADDRESS Bonds, Carole  
1.4 CITY-ST-ZIP 1217 NW 51st Terrace  
Gainesville, FL  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME D  
3.3 STREET ADDRESS Gallups, Chrystal  
3.4 CITY-ST-ZIP Route 3, Box 7  
Lake City, FL  
4.1 TITLE  Change  Addition  
4.2 NAME ~~Lancaster, Sheree H~~  
4.3 STREET ADDRESS ~~P.O. Box 1000 N/A~~  
4.4 CITY-ST-ZIP ~~Trenton, FL~~ OK  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Richardson Barbara Richardson 4-26-95 (904) 462-1551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lifetime Filing #

N40306

## **OFFICERS AND DIRECTORS**

(Additional Officers & Directors not listed on Corporation Annual Report form)

Marilyn Mesh (PD)  
ACORN Clinic  
Rt 1 Box 59  
Brooker, Florida 32622

Marjorie Abrams, Ph.D. (VD)  
Santa Fe Community College  
3000 NW 83rd Street  
Gainesville, Florida 32606-6200

Arthur D. Peterson, II (STD)  
155 NW 1st Street  
Lake Butler, Florida 32054

Linda Johns (D)  
P O Box 1223  
Starke, Florida 32091

Dr. Jeffrey Rubin (D)  
Bradford County PHU  
329 North Church Street  
Starke, Florida 32091

Lewis Patterson (D)  
Rt 2 Box 100  
Jennings, Florida 32053

Fred Peterson, MD (D)  
U of F Clinic  
3200 SW 34th Ave  
Bld 200, Suite 201  
Ocala, Florida 34478

Donna J. Ellis (D)  
Rt 2 Box 342A  
Mayo, Florida 32066

M. Ann Crowell (D)  
3407 SE 15th Avenue  
Gainesville, Florida 32641

Jana F. Hart (D)  
Rt 2 Box 15  
Mayo, Florida 32066

Ellen Baier (D)  
Rt 3 Box 221  
P O Box 2228  
Alachua, Florida 32615

Audrey E. Shively (D)  
2800 NE 39th Avenue  
Gainesville, Florida 32609

Betty A. Davidson (D)  
P O Box 718  
Old Town, Florida 32680

Dr. Ocie Harris (D)  
Ex-Officio Member  
Director, U of F AHEC Program  
P O Box 103581, JHMHC  
Gainesville, Florida 32610

Tom Belcuore (D)  
Ex-Officio Member  
Alachua CPHU  
730 N Waldo Road  
Gainesville, Florida 32601

Rev 4/95

Libby Nord (D)  
102 NW 15th Street, Apt #1  
Gainesville, FL 32603