

FILE NOW: FILING FEE IS \$61.25

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**Jun 10 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46306 (9)

1. Corporation Name
SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC



Principal Place of Business 42 S. MAIN STREET ALACHUA FL 32615	Mailing Address P O BOX 2157 ALACHUA FL 32616-2157
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3. Date Incorporated or Qualified 01/01/1992	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number 59-3112649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BONDS, CAROLE
STREET ADDRESS	1217 NW 51ST TERRACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	M <input type="checkbox"/> DELETE
NAME	RICHARDSON, BARBARA
STREET ADDRESS	PO BOX 2157 NA 48 S. Main
CITY-ST-ZIP	ALACHUA FL 32615
TITLE	PD <input type="checkbox"/> DELETE
NAME	MESH, MARILYN
STREET ADDRESS	ROUTE 1 BOX 50 23320 N. State Rd 235
CITY-ST-ZIP	BROOKER FL 32622
TITLE	VD <input type="checkbox"/> DELETE
NAME	ABRAMS, MARJORIE
STREET ADDRESS	3000 NW 83 ST
CITY-ST-ZIP	GAINESVILLE FL 32622
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700002209687
5.3 STREET ADDRESS	-06/12/97--01003--002
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**PE
6-10**

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (9/96)

Suwannee River AHEC Officers and Directors

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

MARJORIE ABRAMS (VD)
3000 NW 83RD ST
GAINESVILLE, FL 32606-6210

LINDA JOHNS (D)
~~PO BOX 1223~~ N/A
STARKE, FL 32091-1223

ELLEN BAIER (STD)
~~PO BOX 1047~~ N/A
CHIEFLAND, FL 32644-1047

KEN MCCALL (D)
1801 NORTH TEMPLE AVE
STARKE, FL 32091

TOM BELCUORE (D)
~~PO BOX 1327~~ N/A
GAINESVILLE, FL 32602-1327

MARILYN MESH (PD)
RR 1 BOX 59
BROOKER, FL 32622-9001

CLIFF CHAPMAN (D)
~~PO BOX 336~~ N/A
STARKE, FL 32091-0336

NICK MINDEN (D)
~~PO BOX 100404~~ N/A
GAINESVILLE, FL 32610-0404

ANN CROWELL (D)
3600 NE 15TH ST
GAINESVILLE, FL 32609-2484

LIBBY NORD (D)
102 NW 15TH ST APT 1
GAINESVILLE, FL 32603-1972

BETTY A. DAVIDSON (D)
~~PO BOX 718~~ N/A
OLD TOWN, FL 32680-0718

FRED PETERSON (D)
17165 NW 162ND TERRACE
WILLISTON, FL 32696

DONNA ELLIS (D)
ROUTE 2, BOX 2080
MAYO, FL 32066-9604

AUDREY E. SHIVELY (D)
6616 NW 90TH STREET
GAINESVILLE, FL 32653

PAULA FUGEL (D)
~~PO BOX 67~~ N/A
TRENTON, FL 32693-0067

MEREDITH TAYLOR (D)
1302 11TH STREET
LIVE OAK, FL 32060

JERONE GAMBLE (D)
~~PO BOX 1388~~ N/A
OCALA, FL 34478-1388

DENNIS TURNER (D)
RR 6 BOX 423-U
LAKE CITY, FL 32025-8841

CINDY GOOLSBY (D)
RR 4 BOX 93A
JASPER, FL 32052-9220

JENNIFER VANDENBROOK (D)
~~PO BOX 748~~ N/A
LAKE BUTLER, FL 32054-0748

L. OCIE HARRIS (D)
~~PO BOX 103581~~ N/A
GAINESVILLE, FL 32610

MICHAEL VERNACCHIO (D)
1302 RIVER ST
PALATKA, FL 32177-5042

JANA HART (D)
RR 2 BOX 15
MAYO, FL 32066-9642

LUREE WOTTON (D)
22773 98TH TER
LIVE OAK, FL 32060-5814