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Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mprtham , 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 32615
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3. Date Incorporated or Qualified 01/01/1992	
4. FEI Number 59-3112649	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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	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 type="checkbox"/> DELETE
NAME	MCCALL, KEN	
STREET ADDRESS	1801 NORTH TEMPLE AVE.	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	M	<input type="checkbox"/> DELETE
NAME	RICHARDSON, BARBARA	
STREET ADDRESS	42 S. MAIN	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MESH, MARILYN	
STREET ADDRESS	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	D	<input type="checkbox"/> DELETE
NAME	NORD, LIBBY	
STREET ADDRESS	102 NW 15TH ST. APT. 1	
CITY-ST-ZIP	GAINESVILLE FL 32603-1972	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, FRED	
STREET ADDRESS	17165 NW 162ND TERRACE	
CITY-ST-ZIP	WILLISTON FL 32696	

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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *Barbara E. Richardson* 4/30/98 (904) 462 1551

CFR2E037 (10/97)

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

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

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

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

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

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

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

(N/A) NICK MINDEN (D)
PO BOX 100404
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

(N/A) BETTY A. DAVIDSON (D)
PO BOX 718
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

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

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

(N/A) JERONE GAMBLE (D)
PO BOX 1388
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

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

(N/A) J. OCIE HARRIS (D)
PO BOX 103581
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