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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N46306**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/01/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3112649

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75-Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, J. OCIE
 408 W UNIVERSITY AVE
 SUITE 306
 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME D MCCALL, KEN
 STREET ADDRESS 1801 NORTH TEMPLE AVE.
 CITY-ST-ZIP STARKE FL 32091

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME M RICHARDSON, BARBARA
 STREET ADDRESS 42 S. MAIN
 CITY-ST-ZIP ALACHUA FL 32615

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME PD MESH, MARILYN
 STREET ADDRESS 23320 N. STATE RD. 235
 CITY-ST-ZIP BROOKER FL 32622

3.1 TITLE Change Addition
 3.2 NAME Mesh, Marilyn
 3.3 STREET ADDRESS 23320 N State Rd 235
 3.4 CITY-ST-ZIP Brooker, FL 32622

TITLE DELETE
 NAME VD ABRAMS, MARJORIE
 STREET ADDRESS 3000 NW 83 ST
 CITY-ST-ZIP GAINESVILLE FL 32622

4.1 TITLE Change Addition
 4.2 NAME Abrams, Marjorie
 4.3 STREET ADDRESS 3000 NW 83rd Street
 4.4 CITY-ST-ZIP Gainesville, FL 32622

TITLE DELETE
 NAME D NORD, LIBBY
 STREET ADDRESS 102 NW 15TH ST. APT. 1
 CITY-ST-ZIP GAINESVILLE FL 32603-1972

5.1 TITLE Change Addition
 5.2 NAME PD Betty A. Davidson
 5.3 STREET ADDRESS P.O. Box 718
 5.4 CITY-ST-ZIP Old Town, FL 32680

TITLE DELETE
 NAME D PETERSON, FRED
 STREET ADDRESS 17165 NW 162ND TERRACE
 CITY-ST-ZIP WILLISTON FL 32696

6.1 TITLE Change Addition
 6.2 NAME VP Jerone Gamble
 6.3 STREET ADDRESS PO Box 1388
 6.4 CITY-ST-ZIP Ocala, FL 34478

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, with all other like empowered.

SIGNATURE: *Barbara E. Richardson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (904) 462-1551
 Date Daytime Phone #

CR2E037 (11/98)

Suwannee River AHEC Officers and Directors

490 303-90091-110
N46306

BETTY A. DAVIDSON (PD)
PO BOX 718
OLD TOWN, FL 32680-0718

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

JERONE GAMBLE (VD)
PO BOX 1388
OCALA, FL 34478-1388

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

PAULA FUGEL (SD)
PO BOX 67
TRENTON, FL 32693-0067

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

ELLEN BAIER (TD)
PO BOX 1047
CHIEFLAND, FL 32644-1047

DWIGHT KAMBACK (D)
ROUTE 19, BOX 1030
LAKE CITY, FL 32025

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

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

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

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

J. OCIE HARRIS (D)
PO BOX 103581
GAINESVILLE, FL 32610

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

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

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