

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 28, 2004
Secretary of State**

DOCUMENT# N46306

Entity Name: SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

16407 NW 174 DR
SUITE D
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P O BOX 2157
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 59-3112649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, BARBARA E
16407 NW 174 DR
SUITE D
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

MESH, MARILYN
16407 NW 174 DR
SUITE D
ALACHUA, FL 32615 US

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.

SIGNATURE: MARILYN MESH 01/28/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCALL, KEN
Address: 1801 NORTH TEMPLE AVE.
City-St-Zip: STARKE, FL 32091

Title: M () Delete
Name: RICHARDSON, BARBARA
Address: 16407 NW 174 DR SUITE D
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: MESH, MARILYN
Address: 23320 N. STATE RD. 235
City-St-Zip: BROOKER, FL 32622

Title: PD () Delete
Name: DAVIDSON, BETTY A
Address: P O BOX 718
City-St-Zip: OLD TOWN, FL 32680

Title: V () Delete
Name: GAMBLE, JERONE
Address: P O BOX 1388
City-St-Zip: OCALA, FL 34478

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: FUGEL, PAULA
Address: 310 NW 11TH AVENUE
City-St-Zip: TRENTON, FL 326930067

Title: M (X) Change () Addition
Name: MESH, MARILYN
Address: 16407 NW 174 DR SUITE D
City-St-Zip: ALACHUA, FL 32615

Title: D (X) Change () Addition
Name: GIBBS, MICAELA
Address: 23320 N. STATE RD. 235
City-St-Zip: BROOKER, FL 32622

Title: PD (X) Change () Addition
Name: GAMBLE, JERONE
Address: PO BOX 1388
City-St-Zip: OCALA, FL 34478

Title: V (X) Change () Addition
Name: JOHNS, LINDA
Address: PO BOX 1223
City-St-Zip: STARKE, FL 32091

Title: S () Change (X) Addition
Name: CHAPMAN, CLIFF
Address: PO BOX 548
City-St-Zip: GAINESVILLE, FL 32602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERONE GAMBLE PD 01/28/2004
Electronic Signature of Signing Officer or Director Date