

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46306

FILED  
Jan 25, 2011  
Secretary of State

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

**Current Principal Place of Business:**

14646 NW 151ST BLVD  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

14646 NW 151ST BLVD  
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:**

MESH, MARILYN  
14646 NW 151ST BLVD  
ALACHUA, FL 32615 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STEPHEN, RACHELLE  
Address: PO BOX 100236  
City-St-Zip: GAINESVILLE, FL 32610 US

Title: M  
Name: MESH, MARILYN  
Address: 14646 NW 151ST BLVD  
City-St-Zip: ALACHUA, FL 32615

Title: T  
Name: GIBBS, MICAELA  
Address: PO BOX 100432  
City-St-Zip: GAINESVILLE, FL 32610 US

Title: VP  
Name: GAY, SHARON  
Address: 5124 NW US HWY 41  
City-St-Zip: JASPER, FL 32052

Title: D  
Name: RICHARDSON, BARBARA  
Address: 2750 NW 43RD ST STE 102  
City-St-Zip: GAINESVILLE, FL 32606

Title: S  
Name: JONES, MATTIE  
Address: 149 SE COLLEGE PLACE  
City-St-Zip: LAKE CITY, FL 32025 US

I hereby 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 all other like empowered.

SIGNATURE: MARILYN MESH

M

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date