

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46306

FILED
Feb 03, 2012
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: S
Name: CELESTE, SLANDE
Address: PO BOX 100195
City-St-Zip: GAINESVILLE, FL 32610 US

Title: T
Name: FORTNER, SCOTT
Address: 3000 NW 83RD ST, W-002
City-St-Zip: GAINESVILLE, FL 32606

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

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

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

EX D

02/03/2012

Electronic Signature of Signing Officer or Director

Date