

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90197 012 ****61.25

DOCUMENT # N46306

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



Principal Place of Business Mailing Address
16407 NW 174 DR P O BOX 2157
SUITE D ALACHUA FL 32615



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3112649** Applied For
Not Applicable

Zip Country Zip Country
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara E. Richardson DATE 1/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, KEN 1801 NORTH TEMPLE AVE. STARKE FL 32091	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RICHARDSON, BARBARA 16407 NW 174 DR SUITE D ALACHUA FL 32615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESH, MARILYN 23320 N. STATE RD. 235 BROOKER FL 32622	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, BETTY A P O BOX 718 OLD TOWN FL 32680	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAMBLE, JERONE P O BOX 1388 OCALA FL 34478	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara E. Richardson **Barbara E. Richardson** 1/27/03 (386) 462-1551

CR2E037 (10/02)

Suwannee River AHEC Officers and Board Members *Attachment*

SRAHEC Officers

Betty A. Davidson
SRAHEC President
P O Box 718
Old Town, Florida 32680
Phone (352) 498-6461
Health Occupation Teacher
Dixie County School Board
Davidson_BE@Dixie.K12.fl.us

Jerone Gamble
SRAHEC Vice-President
P O Box 1388
Ocala, Florida 34478
Phone (352) 854-2322 X1282
Coordinator Health Programs
Central Florida Community College
gamblej@cfcc.cc.fl.us

Linda Johns
SRAHEC Treasurer
P O Box 1223
Starke, Florida 32091
Phone (904) 964-5027
Starke City Clerk
Board, Bradford Hospital
LJohns@CityofStarke.org

Paula L. Fugel
SRAHEC Secretary
310 NW 11th Ave
Trenton, Florida 32693
Phone (352) 463-3207/3200 Office
Director of Instructional Support
Gilchrist County School Board
fugelpl@gilchrist.K12.fl.us

Marilyn Mesh
Immediate Past President
23320 N SR 235
Brooker, Florida 32622
Phone (352) 485-2772
Executive Director of ACORN Clinic
Brooker, Florida
mmesh@acornclinic.org

Barbara Richardson
SRAHEC Executive Director
P O Box 2157
Alachua, Florida 32616
Phone (386) 462-1551 X 20 Work
brichard@srahec.org

SRAHEC Board Members

Sheila Baker
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Phone (352) 395-5650
Director, Health Sciences
Counseling Office
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Ex-Officio Member
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Beth Buckley
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Administrator
Nature Coast Regional Hospital
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Cliff Chapman
SRAHEC Member at Large
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