


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 022 ****61.25

DOCUMENT # 753206					
1. Entity Name GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.					
Principal Place of Business 900 UNIVERSITY BLVD STE 110 JACKSONVILLE, FL 32211			Mailing Address 900 UNIVERSITY BLVD STE 110 JACKSONVILLE, FL 32211		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BILELLO, LORI 900 UNIVERSITY BLVD, N. - 644 Cesery Boulevard SUITE 202-110 JACKSONVILLE, FL 32211				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FORD, RAYMOND C			NAME	
STREET ADDRESS	4901 RICHARDS ST			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32207			CITY-ST-ZIP	
TITLE	VD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FREEMAN, LARRY			NAME	
STREET ADDRESS	800 PRUDENTIAL DRIVE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	
TITLE	T	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DREWA, MARCUS			NAME	
STREET ADDRESS	580 W 8TH ST			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SIMPSON, TIM			NAME	
STREET ADDRESS	801 OAK ST			STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	KREIGER, BOB			NAME	
STREET ADDRESS	ORANGE PARK MEDICAL CENTER			STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____				2/13/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	