

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90013 017 ****61.25

DOCUMENT # N00000006210

1. Entity Name
MEMORIAL HEALTH SYSTEMS FOUNDATION, INC.



Principal Place of Business
770 WEST GRANADA BLVD
SUITE 102
ORMOND BEACH, FL 32714 US

Mailing Address
770 WEST GRANADA BLVD
SUITE 102
ORMOND BEACH, FL 32714 US



2. Principal Place of Business
770 W Granada Blvd

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 205

Suite, Apt. #, etc.
Suite 205

01262004 Chg-NP CR2E037 (10/03)

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

4. FEI Number
31-1771522

Applied For
Not Applicable

Zip
32174

Country
US

Zip
32174

Country
US

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

6. Name and Address of Current Registered Agent
TRIMBLE, T.L.
111-NORTH ORLANDO AVE
WINTER PARK, FL 32803

7. Name and Address of New Registered Agent:
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consolidating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE CD Delete
NAME BURT, DAVID
STREET ADDRESS 501 S. RIDGEWOOD AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME REINER, RICHARDK
STREET ADDRESS 2400 BEDFORD ROAD
CITY-ST-ZIP ORLANDO, FL 32803

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCD Delete
NAME CLAIR, PAUL
STREET ADDRESS 390 JOHN ANDERSON
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME BROWN, LONNIE
STREET ADDRESS 37 OAKMONT CIRCLE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME EUSTACE, JOHN
STREET ADDRESS 4 CHICKASAW COURT
CITY-ST-ZIP PALM COAST, FL 32132

TITLE D Change Addition
NAME EUSTACE, JOHN
STREET ADDRESS 4 CHICKASAW COURT
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D Delete
NAME CLARK, MARY ANN
STREET ADDRESS 1923 S FLAGLER AVENUE
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE TD Change Addition
NAME KLEIN, JULIEANN
STREET ADDRESS 222 MANGO TREE DRIVE
CITY-ST-ZIP EDGEWATER, FL 32141

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: Paul Clare PAUL CLARE 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #