

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2006
Secretary of State**

DOCUMENT# N00000006210

Entity Name: MEMORIAL HEALTH SYSTEMS FOUNDATION, INC.

Current Principal Place of Business:

770 WEST GRANADA BLVD
SUITE 205
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

770 WEST GRANADA BLVD
SUITE 205
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 31-1771522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMBLE, T.L.
111 NORTH ORLANDO AVE.
WINTER PARK, FL 32803 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: CD () Delete
Name: CLARE, PAUL
Address: 390 JOHN ANDERSON
City-St-Zip: ORMOND BEACH, FL 32176

Title: VCD () Delete
Name: BROWN, LONNIE
Address: 37 OAKMONT CIR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: GENTRY, MIKE
Address: 875 STERTHAUS AV
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD () Delete
Name: MEYER, DORIS
Address: 9 VIA MARINO
City-St-Zip: PALM COAST, FL 32137

Title: TD () Delete
Name: KLEIN, JULIEANN
Address: 2222 MANGO TREE DR
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: CRUMP, EMMETT
Address: 1 TOMOKA OAKS BLVD #117
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL CLARE

CD

02/16/2006

Electronic Signature of Signing Officer or Director

Date