

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 31, 2008  
Secretary of State

DOCUMENT# N00000006210

Entity Name: MEMORIAL HEALTH SYSTEMS FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

770 WEST GRANADA BLVD  
SUTE 302  
ORMOND BEACH, FL 32174 US

**Current Mailing Address:**

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

**New Mailing Address:**

770 WEST GRANADA BLVD  
SUTE 302  
ORMOND BEACH, FL 32174 US

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: BROWN, LONNIE  
Address: 37 OAKMONT CIR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VCD ( ) Delete  
Name: BANKER, RICK  
Address: 64 COUNTRY CLUB DR  
City-St-Zip: ORMOND BEACH, FL 32176

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

Title: SD (X) Delete  
Name: TESCHNER, TED  
Address: 39 SHADOW CREEK WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete  
Name: GREENLEES, MARY  
Address: 141 SAGE BRUSH TR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: SELIS, SCOTT  
Address: 759 DERBYSHIRE RD  
City-St-Zip: DAYTONA BEACH, FL 32120

**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  
Name:  
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 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: LONNIE BROWN

CD

03/31/2008

Electronic Signature of Signing Officer or Director

Date