

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006210

FILED
Apr 14, 2009
Secretary of State

Entity Name: MEMORIAL HEALTH SYSTEMS FOUNDATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 31-1771522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

New Principal Place of Business:

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

New Mailing Address:

770 WEST GRANADA BLVD.
SUITE 302
ORMOND BEACH, FL 32174 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: BANKER, RICK
Address: 64 COUNTRY CLUB DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VCD (X) Change () Addition
Name: HOOD, DAVID
Address: 444 SEABREEZE BLVD. SUITE 900
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TD (X) Change () Addition
Name: OLIVARI, JOHN
Address: 141 SAGE BRUSH TR.
City-St-Zip: ORMOND BEACH, FL 32174

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: RICK BANKER

MR.

04/14/2009

Electronic Signature of Signing Officer or Director

Date