

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001705

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: THE BLUE FOUNDATION FOR A HEALTHY FLORIDA, INC.

**Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PKWY  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

4800 DEERWOOD CAMPUS PKWY  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 59-3707820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUE CROSS AND BLUE SHIELD OF FLORIDA  
4800 DEERWOOD CAMPUS PKWY  
JACKSONVILLE, FL 32246 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: PD ( ) Delete  
Name: KAMMER, RANDY  
Address: 4800 DEERWOOD CAMPUS PKWY, DCC100-7  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD ( ) Delete  
Name: JENKINS, TONY  
Address: 4800 DEERWOOD CAMPUS PKWY DC100-4  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: MCDONALD, DEANNA  
Address: 4800 DEERWOOD CAMPUS PKWY, DC100-6  
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD ( ) Delete  
Name: KENYON, SHEFFIELD V  
Address: 4800 DEERWOOD CAMPUS PKWY, DC 300-6  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: JENKINS, TONY  
Address: 4800 DEERWOOD CAMPUS PKWY DC100-4  
City-St-Zip: JACKSONVILLE, FL 32246

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

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

Title: T ( ) Change (X) Addition  
Name: READ, KIM  
Address: 4800 DEERWOOD CAMPUS PKWY  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Change (X) Addition  
Name: TOWLER, SUSAN  
Address: 4800 DEERWOOD CAMPUS PKWY  
City-St-Zip: JACKSONVILLE, FL 32223

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: RANDY M. KAMMER

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date