

DOCUMENT # N96000006601

1. Entity Name  
JOHN ALLEN HAMER, MD. MEMORIAL FOUNDATION, INC.

Principal Place of Business Mailing Address  
1205 MAYTOWN RD OAK HURST CENTRE  
OAK HILL FL 32759 1205 MAYTOWN ROAD  
OAK HILL FL 32759-9103

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90057 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3424815 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HURST, EDWARD E  
1205 MAYTOWN ROAD  
OAK HILL FL 32789

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	JARVIS, SHERRY C
STREET ADDRESS	602 INDIAN RIVER BLVD #201
CITY-ST-ZIP	EDGEWATER FL 32141
TITLE	P/M <input type="checkbox"/> Delete
NAME	HURST, EDWARD E.
STREET ADDRESS	1205 MAYTOWN RD.
CITY-ST-ZIP	OAK HILL FL 32759
TITLE	T/D <input type="checkbox"/> Delete
NAME	HURST, KAREN K.
STREET ADDRESS	1205 MAYTOWN RD.
CITY-ST-ZIP	OAK HILL FL 32759
TITLE	S <input type="checkbox"/> Delete
NAME	WOLFE, DARRELL
STREET ADDRESS	710 LAKE SHORE DR
CITY-ST-ZIP	OCCOEE FL 32761
TITLE	C <input type="checkbox"/> Delete
NAME	KIME, HAROLD H.
STREET ADDRESS	3501 PREMIER DR.
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	D <input type="checkbox"/> Delete
NAME	RICHARDSON, JANA
STREET ADDRESS	225 S. INERLACHEN
CITY-ST-ZIP	WINTER PARK FL 32789

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: KAREN KIME HURST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1-6-01 Daytime Phone #: 904-345-1958

CR2E037 (10/00)