

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

0067024

**DOCUMENT # N96000006601**

03-19-2002 90006 042 \*\*\*\*61.25

1. Entity Name

**JOHN ALLEN HAMER, MD. MEMORIAL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1205 MAYTOWN RD  
 OAK HILL FL 32759

OAK HURST CENTRE  
 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

4. FEI Number

**59-3424815**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURST, EDWARD E**  
**1205 MAYTOWN ROAD**  
**OAK HILL FL 32789**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Delete
NAME	WOLFE, DARRELL	
STREET ADDRESS	710 LAKE SHORE DR	
CITY-ST-ZIP	OCOE 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	

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 K. Hurst*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02  
 Date

386-345-1958  
 Daytime Phone #

CR2E037 (9/01)