


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000006601  
1. Entity Name  
JOHN ALLEN HAMER, MD. MEMORIAL FOUNDATION, INC.



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

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP CR2E037 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	JARVIS, SHERRY C
STREET ADDRESS	602 INDIAN RIVER BLVD #201
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	P/M
NAME	HURST, EDWARD E.
STREET ADDRESS	1205 MAYTOWN RD.
CITY-ST-ZIP	OAK HILL, FL 32759
TITLE	T/D
NAME	HURST, KAREN K.
STREET ADDRESS	1205 MAYTOUM RD.
CITY-ST-ZIP	OAK HILL, FL 32759
TITLE	C
NAME	KIME, HAROLD H.
STREET ADDRESS	3501 PREMIER DR.
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D
NAME	RICHARDSON, JANA
STREET ADDRESS	225 S. INERLACHEN
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000393559  
01/25/06-80025-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Karen K. Hurst 1/17/2006 386 345 1958  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #