


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90031 017 ****61.25

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**

40053460



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03192008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3424815

Applied For
 Not Applicable

City & State

Zip Country

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

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **JARVIS, SHERRY C**
 STREET ADDRESS **602 INDIAN RIVER BLVD #201**
 CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE **VD** Change Addition
 NAME **JARVIS, SHERRY C**
 STREET ADDRESS **927 S. RIDGEWOOD AVE STE A-6**
 CITY-ST-ZIP **EDGEWATER, FL 32132**

TITLE **P/M** Delete
 NAME **HURST, EDWARD E.**
 STREET ADDRESS **1205 MAYTOWN RD.**
 CITY-ST-ZIP **OAK HILL, FL 32759**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T/D** Delete
 NAME **HURST, KAREN K.**
 STREET ADDRESS **1205 MAYTOUM RD.**
 CITY-ST-ZIP **OAK HILL, FL 32759**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** Delete
 NAME **KIME, HAROLD H.**
 STREET ADDRESS **123 SAND PINE CIRCLE**
 CITY-ST-ZIP **SANFORD, FL 32773**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RICHARDSON, JANA**
 STREET ADDRESS **225 S. INERLACHEN**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Edward E. Hurst* **3-25-08** **386-868-5169**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #