

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726307

**FILED**  
**Feb 08, 2018**  
**Secretary of State**  
**CC5973728814**

**Entity Name:** ADVENTIST HEALTH SYSTEM/SUNBELT, INC.

**Current Principal Place of Business:**

900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714

**FEI Number: 59-1479658**

**Certificate of Status Desired: No**

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

BROMME, JEFF  
900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714 US

*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

**Officer/Director Detail :**

Title PD  
Name SHAW, TERRY  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS  
Name BLOCK, MARK  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS  
Name ADDISCOTT, LYNN  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS  
Name DE PRADA, ARIEL  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL

Title D  
Name CRAIG, CARLOS  
Address P. O. BOX 800  
City-State-Zip: ALVARADO TX 76009

Title DIRECTOR  
Name CARLSON, RONALD  
Address 3440 URISH ROAD  
City-State-Zip: TOPEKA KS 66614

Title DIRECTOR  
Name CAULEY, MIKE F  
Address FLORIDA CONFERENCE OF SDA  
655 N. WYMORE ROAD  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name DAVIDSON, JAMES  
Address CAROLINA CONFERENCE OF SDA  
P. O. BOX 44270  
City-State-Zip: CHARLOTTE NC 28215

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: ARIEL DE PRADA**

**ASSISTANT SECRETARY 02/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GRIFFITH, BUFORD  
Address SOUTHWESTERN UNION OF SDA  
P. O. BOX 4000  
City-State-Zip: BURLESON TX 76097

Title DIRECTOR  
Name JOHNSON, MARK PHD  
Address JEFFERSON COUNTY DEPT. OF HEALTH  
1801 19TH STREET  
City-State-Zip: GOLDEN CO 80401

Title DIRECTOR  
Name SCOTT, GLYNN CW  
Address LAKE UNION CONFERENCE OF SDA  
P. O. BOX 287  
City-State-Zip: BERRIEN SPRINGS MI 49103

Title DIRECTOR  
Name WEBB, GIL  
Address CENTRAL STATES CONFERENCE  
3301 PARALLEL PARKWAY  
City-State-Zip: KANSAS CITY KS 66104

Title ASST. SECRETARY  
Name DIDENKO, DIMA  
Address FLORIDA HOSPITAL TAMPA  
3100 E FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33613

Title ASST. SECRETARY  
Name JOHNSON, PENNY  
Address 11801 S. FREEWAY  
City-State-Zip: BURLESON TX 76134

Title VP  
Name SCHULTZ, MICHAEL H  
Address FLORIDA HOSPITAL  
2400 BEDFORD ROAD  
City-State-Zip: ORLANDO FL 32803

Title ASST. SECRETARY  
Name TEPPERT, LAURIE ESQ.  
Address UNIVERSITY COMMUNITY HOSPITAL, INC.  
3100 E FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33613

Title DIRECTOR, CHAIRMAN  
Name THURBER, GARY  
Address P. O. BOX 287  
City-State-Zip: BERRIEN SPRINGS MI 49103

Title ASST. SECRETARY  
Name GRAFF, JEFF  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP, ASSISTANT SECRETARY,  
DIRECTOR  
Name HOUMANN, LARS  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name ROBINSON, RANDY  
Address SOUTHERN UNION CONFERENCE OF  
SDA  
P. O. BOX 849  
City-State-Zip: DECATUR GA 30031

Title TREASURER, ASSISTANT  
SECRETARY  
Name RATHBUN, PAUL  
Address ADVENTIST HEALTH SYSTEM  
900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name WERNER, THOMAS  
Address 1670 CR 452  
City-State-Zip: EUSTIS FL 32726

Title SECRETARY  
Name JOHNSON, SANDRA  
Address ADVENTIST HEALTH SYSTEM  
900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY  
Name SAUNDERS, MICHAEL  
Address ADVENTIST HEALTH SYSTEM  
900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP, ASST. SECRETARY  
Name SNYDER, BRENT G  
Address ADVENTIST HEALTH SYSTEM  
900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VC, BOARD SECRETARY, DIRECTOR  
Name SMITH, RONALD  
Address SOUTHERN UNION CONFERENCE  
P. O. BOX 849  
City-State-Zip: DECATUR GA 30031

Title ASST. SECRETARY  
Name FOLTZ, ROBERT C  
Address 26300 SIENA DRIVE  
City-State-Zip: BONITA SPRINGS FL 34134

Title VC, DIRECTOR  
Name MOORE, LARRY  
Address P. O. BOX 4000

Title ASSISTANT SECRETARY  
Name BANKS, DAVID  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name HAFFNER, RANDALL  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name SHAW, KENNETH  
Address P. O. BOX 567  
City-State-Zip: KEENE TX 76059

Title DIRECTOR  
Name PAGE, JOHN  
Address 777 S. BURLESON BLVD.  
City-State-Zip: BURLESON TX 76028

Title ASSISTANT SECRETARY  
Name SUTTON, JESSE  
Address 11801 S. FREEWAY  
City-State-Zip: FT. WORTH TX 76028

City-State-Zip: BURLESON TX 76097

Title DIRECTOR  
Name BROWN-FRASER, SHERINE  
Address 6268 DEANS HILL ROAD  
#4C

City-State-Zip: BERRIEN CENTER MI 49102

Title DIRECTOR  
Name PEOPLES, TROY  
Address P. O. BOX 6128

City-State-Zip: LINCOLN NE 68506

Title DIRECTOR  
Name VALENTINE, MAURICE II  
Address 3301 PARALLEL PARKWAY

City-State-Zip: KANSAS CITY KS 66104

Title DIRECTOR  
Name TOL, DARYL  
Address 301 MEMORIAL MEDICAL PARKWAY

City-State-Zip: DAYTONA BEACH FL 32117

Title VP  
Name GOEBEL, MICHAEL  
Address 5101 SOUTH WILLOW SPRINGS ROAD

City-State-Zip: LA GRANGE IL 60525