

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009165

Entity Name: ADVENTIST HEALTH POLICY ASSOCIATION, INC.

Current Principal Place of Business:

2400 BEDFORD ROAD
ORLANDO, FL 32803

Current Mailing Address:

JEFF BROMME
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714

FEI Number: 27-3566344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRISON, RICHARD
2400 BEDFORD ROAD
ORLANDO, FL 32803 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 P
Name MORRISON, RICHARD
Address 2400 BEDFORD ROAD
City-State-Zip: ORLANDO FL 32803

Title S, T
Name KERSMARK, MAUREEN
Address 2400 BEDFORD ROAD
City-State-Zip: ORLANDO FL 32803

Title D
Name JERNIGAN, DONALD
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D
Name CARMEN, BOB
Address 2400 BEDFORD ROAD
City-State-Zip: ORLANDO FL 32803

Title D
Name FIKE, RUTHITA
Address 2400 BEDFORD ROAD
City-State-Zip: ORLANDO FL 32803

Title D
Name MANCHUR, FRED M
Address 2400 BEDFORD ROAD
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name ROBERTSON, WILLIAM
Address 1801 RESEARCH BLVD.
SUITE 400
City-State-Zip: ROCKVILLE MD 20850

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: MAUREEN KERSMARK

SECRETARY/TREASURER 01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date