

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1000009165

**Entity Name:** ADVENTIST HEALTH POLICY ASSOCIATION, INC.

**Current Principal Place of Business:**

900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 27-3566344**

**Certificate of Status Desired: No**

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

MORRISON, RICHARD  
550 E ROLLINS ST  
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 550 E. ROLLINS STREET  
City-State-Zip: ORLANDO FL 32803

Title S, T  
Name KERSMARK, MAUREEN  
Address 550 E. ROLLINS STREET  
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 MANCHUR, FRED M  
Address 550 E. ROLLINS STREET  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name FORDE, TERRY  
Address 100 HEALTH PARK  
City-State-Zip: LOUISVILLE CO 80027

Title DIRECTOR  
Name REINER, SCOTT  
Address 2100 DOUGLAS BLVD.  
City-State-Zip: ROSEVILLE CA 95661

*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 KERSMARKI**

**SECRETARY**

**02/20/2015**

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

\_\_\_\_\_  
Date