2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009165

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:

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: JEFF BROMME   04/25/2022

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	P	Title	D, CHAIRMAN
Name	WALTON, CARLYLE	Name	SHAW, TERRY
Address	900 HOPE WAY	Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32814	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	D	Title	DIRECTOR
Name	MANCHUR, FRED M	Name	FORDE, TERRY
Address	3535 SOUTHERN BLVD.	Address	820 W. DIAMOND AVE., SUITE 600
City-State-Zip:	KETTERING OH 45429	City-State-Zip:	GAITHERSBURG MD 20878
Title	DIRECTOR	Title	DIRECTOR
Name	REINER, SCOTT	Name	HEINRICH, KERRY
Address	2100 DOUGLAS BLVD.	Address	P. O. BOX 728
City-State-Zip:	ROSEVILLE CA 95661	City-State-Zip:	LOMA LINDA CA 92354
Title	SECRETARY, TREASURER		
Name	GRIFFIN, MICHAEL		
Address	900 HOPE WAY		
City-State-Zip:	ALTAMONTE SPRINGS FL 32714		

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: MICHAEL GRIFFIN   SECRETARY   04/25/2022

Electronic Signature of Signing Officer/Director Detail   Date