

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2019
Secretary of State
7285018864CC

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

04/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WALTON, CARLYLE
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32814

Title S, T
Name ZAIBACK, JULIE
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D, CHAIRMAN
Name SHAW, TERRY
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

Title DIRECTOR
Name HART, RICHARD
Address P. O. BOX 728
City-State-Zip: LOMA LINDA CA 92354

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: TERRY SHAW

DIRECTOR

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date