

2020 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:

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

06/25/2020

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 3535 SOUTHERN BLVD.
City-State-Zip: KETTERING OH 45429

Title DIRECTOR
Name FORDE, TERRY
Address 820 W. DIAMOND AVE., SUITE 600
City-State-Zip: GAITHERSBURG MD 20878

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: CARLYLE WALTON

PRESIDENT

06/25/2020

Electronic Signature of Signing Officer/Director Detail

Date