# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 15, 2004**
**Secretary of State**

DOCUMENT# 726307

**Entity Name:** ADVENTIST HEALTH SYSTEM/SUNBELT, INC.

**Current Principal Place of Business:**

111 N. ORLANDO AVE.
WINTER PARK, FL 327893675

**New Principal Place of Business:**

**Current Mailing Address:**

111 N. ORLANDO AVE.
WINTER PARK, FL 327893675

**New Mailing Address:**

**FEI Number: 59-1479658** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TRIMBLE, TAMARA L
111 N. ORLANDO AVE.
WINTER PARK, FL 32789 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: BLAIR, MARDIAN J.,
Address: 5288 VISTA CLUB RUN
City-St-Zip: LAKE FOREST, FL 32771

Title: D ( ) Delete
Name: CENTER, RICHARD,
Address: 3978 MEMORIAL DRIVE
City-St-Zip: DECATUR, GA 30032

Title: AS ( ) Delete
Name: BLOCK, L. MARK
Address: 111 NORTH ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 327893675

Title: PASD ( ) Delete
Name: WERNER, THOMAS L
Address: 111 N ORLANDO AVE
City-St-Zip: WINTER PARK, FL 327893675

Title: AS ( ) Delete
Name: DE PRADA, ARIEL
Address: 111 N ORLANDO AVE
City-St-Zip: WINTER PARK, FL 327893675

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARIEL DE PRADA AS 03/15/2004

Electronic Signature of Signing Officer or Director — Date