

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726307

FILED
Jan 27, 2006
Secretary of State

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: TD () 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: PD () 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

Title: V () Delete
Name: JERNIGAN, DONALD L
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
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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 Chapter 119, 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

01/27/2006

Electronic Signature of Signing Officer or Director

Date