

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737479

FILED
Apr 27, 2005
Secretary of State

Entity Name: TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

1331 E SIXTH AVE
TALLAHASSEE, FL 323036505

New Principal Place of Business:

Current Mailing Address:

1331 E SIXTH AVE
TALLAHASSEE, FL 323036505

New Mailing Address:

FEI Number: 59-1727645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, JUDY
1300 MICCOSUKEE RD.
TALLAHASSEE, FL 32308 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: CT () Delete
Name: SOLOMON, RAY E PHD
Address: 1331 E SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VCT () Delete
Name: GLASS, VIRGINIA A
Address: 1331 E SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: TT () Delete
Name: WRIGHT, GARY L
Address: 1331 E SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: ST () Delete
Name: BIXLER, THOMAS J JR
Address: 1331 E SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: PO () Delete
Name: FORTUNAS, PAULA S
Address: 1331 E SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: ALEXIONOK, LINDA A
Address: 1331 E SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

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 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: PAULA S. FORTUNAS

PO

04/27/2005

Electronic Signature of Signing Officer or Director

Date