

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-01-2003 90122 015 ****61.25

DOCUMENT # 737479

1. Entity Name
TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION, INC.



Principal Place of Business
**1331 E SIXTH AVE
TALLAHASSEE FL 32303-6505**

Mailing Address
**1331 E SIXTH AVE
TALLAHASSEE FL 32303-6505**

55046596

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1727645**

Applied For
☐ Not Applicable



☒ CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DAVIS, JUDY
1300 MICCOSUKEE RD.
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	BAGGETT, MS. LYN	
STREET ADDRESS	1331 E 6TH AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	S.D.	<input checked="" type="checkbox"/> Delete
NAME	BRASWELL, MS. FLECIA	
STREET ADDRESS	1331 E. 6TH AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYE, MR. RAYOND PHD	
STREET ADDRESS	1331 E 6TH AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	R T	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, MR. GARY	
STREET ADDRESS	1331 E 6TH AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	C	<input type="checkbox"/> Delete
NAME	HALEY, MR. WALTER	
STREET ADDRESS	1331 E 6TH AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARFEL, MR. TIM	
STREET ADDRESS	1331 E. 6TH AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy J. Warfel	
STREET ADDRESS	1331 E. Sixth Avenue	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	VC D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. Ray Solomon, Ph.D.	
STREET ADDRESS	1331 E. Sixth Avenue	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. Gary Wright	
STREET ADDRESS	1331 E. Sixth Avenue	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia A. Glass	
STREET ADDRESS	1331 East Sixth Avenue	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie M. Flynn	
STREET ADDRESS	1331 E. Sixth Avenue	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Alexionok	
STREET ADDRESS	1331 E. Sixth Avenue	
CITY-ST-ZIP	Tallahassee, FL 32303	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **4-30-03** **(850) 431-5389**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)