

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 753206	
1. Entity Name GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.	
Principal Place of Business 900 UNIVERSITY BLVD STE 110 JACKSONVILLE, FL 32211	Mailing Address 900 UNIVERSITY BLVD STE 110 JACKSONVILLE, FL 32211



02032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2006024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BILELLO, LORI 900 UNIVERSITY BLVD. N. SUITE 202 JACKSONVILLE, FL 32211	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, RAYMOND C 4901 RICHARDS ST JACKSONVILLE BEACH, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREEMAN, LARRY 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DREWA, MARCUS 580 W 8TH ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, TIM 801 OAK ST GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREIGER, BOB ORANGE PARK MEDICAL CENTER ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000336912
04/27/05-80144-022 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **3/18/05** _____
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #