

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763524 (6)

1. Corporation Name

JESS PARRISH MEDICAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

951 N WASHINGTON AVE
DRAWER W
TITUSVILLE FL 32796

951 N WASHINGTON AVE
DRAWER W
TITUSVILLE FL 32796

3. Date Incorporated or Qualified
06/02/1982

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 11 Max Brewer Cswy

26

4. FEI Number
59-2249275

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C

27

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

City & State

City & State

23 Titusville, FL

28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32796

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, ROD L.
951 WASHINGTON AVENUE
TITUSVILLE FL 32781

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Rod Baker ROD BAKER 1/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORBES, JOHN	
STREET ADDRESS	2750 HICKORY HILL CT	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARRISH, J. J. III	
STREET ADDRESS	2900 PARRISH ROAD	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	YARBOROUGH, ROBERT	
STREET ADDRESS	4406 HICKORY HILL BLVD	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WEAVER, JOHN	
STREET ADDRESS	1217 SANDPINE CIRCLE	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, REBECCA	
STREET ADDRESS	3945 PINETOP BLVD	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DENSON, TODD	
STREET ADDRESS	4414 HICKORY HILLS BLVD	
CITY - ST - ZIP	TITUSVILLE FL	

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Earl Spencer, Jr.	
13 STREET ADDRESS	719 Garden Street	
14 CITY - ST - ZIP	Titusville, FL 32796	
21 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Amy R. Dennard	
23 STREET ADDRESS	951 N Washington	
24 CITY - ST - ZIP		
31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	C.R. McCotter, III	
33 STREET ADDRESS	101 S. Washington Ave.	
34 CITY - ST - ZIP	Titusville, FL 32780	
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Becky Smith	
43 STREET ADDRESS	3945 Pinetop	
44 CITY - ST - ZIP	Titusville, FL 32796	
51 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Todd Denson	
53 STREET ADDRESS	4414 Hickory Hills Blvd.	
54 CITY - ST - ZIP	Titusville, FL 32780	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rod Baker 1/26/95 4072686102

CR2E037 (12/95)