


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90210 049 ****61.25

DOCUMENT # 763524 1. Entity Name JESS PARRISH MEDICAL FOUNDATION, INC.	
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Principal Place of Business 213 BROAD STREET TITUSVILLE, FL 32796 US	Mailing Address PO BOX 6012 TITUSVILLE, FL 32682-6012 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01032005 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number	Applied For
Zip	Country	59-2249275	Not Applicable
Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMIRL, LAURIE 213 BROAD ST TITUSVILLE, FL 32796	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARRISH, JJ II			NAME	GREG SPARKMAN		
STREET ADDRESS	PO BOX 6566			STREET ADDRESS	4595 HELENA DRIVE		
CITY-ST-ZIP	TITUSVILLE, FL 32782			CITY-ST-ZIP	TITUSVILLE, FL 32780		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPARKMAN, GREG			NAME	JASON SNOBGRASS		
STREET ADDRESS	4595 HELENE DR			STREET ADDRESS	4613 HELENA DRIVE		
CITY-ST-ZIP	TITUSVILLE, FL 32780			CITY-ST-ZIP	TITUSVILLE, FL 32780		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNOBGRASS, JASON			NAME	CHRIS BROOME		
STREET ADDRESS	4613 HELENA DR.			STREET ADDRESS	3100 DEMARET DRIVE		
CITY-ST-ZIP	TITUSVILLE, FL 32780			CITY-ST-ZIP	TITUSVILLE, FL 32780		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOGGS, RICHARD			NAME	RICHARD BOGGS		
STREET ADDRESS	620 MAIN STREET			STREET ADDRESS	620 MAIN STREET		
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	TITUSVILLE, FL 32796		
TITLE	D	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMIRL, LAURIE			NAME	LEE MOORE		
STREET ADDRESS	213 BROAD ST			STREET ADDRESS	65 BROAD STREET		
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	TITUSVILLE, FL 32796		
TITLE	AST	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPENCER, EARL JR			NAME			
STREET ADDRESS	719 GARDEN ST			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP			

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: Laurie Smirl Date: 4-20-05 (321) 269-4066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #