


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90009 020 ****61.25

DOCUMENT # 763524

1. Entity Name
JESS PARRISH MEDICAL FOUNDATION, INC.



Principal Place of Business
**213 BROAD STREET
 TITUSVILLE, FL 32796 US**

Mailing Address
**PO BOX 6012
 TITUSVILLE, FL 32682-6012 US**

40058400



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 2969
 Suite, Apt. #, etc.

03182008 Chg-NP CR2E037 (12/06)

City & State
TITUSVILLE, FL

Zip
32781-2969

Country

4. FEI Number
59-2249275

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BROOME, CHRIS | |
| STREET ADDRESS | 3464 SCRUB JAY CT | |
| CITY-ST-ZIP | MIMS, FL 32754 | |
| TITLE | PC | <input type="checkbox"/> Delete |
| NAME | SPARKMAN, GREG | |
| STREET ADDRESS | 4595 HELENE DR | |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 | |
| TITLE | CE | <input type="checkbox"/> Delete |
| NAME | SNODGRASS, JASON | |
| STREET ADDRESS | 4613 HELENA DR. | |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | BOGGS, RICHARD | |
| STREET ADDRESS | 620 MAIN STREET | |
| CITY-ST-ZIP | TITUSVILLE, FL 32796 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMIRL, LAURIE | |
| STREET ADDRESS | 213 BROAD ST | |
| CITY-ST-ZIP | TITUSVILLE, FL 32796 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MOORE, LEE | |
| STREET ADDRESS | 65 BROAD STREET | |
| CITY-ST-ZIP | TITUSVILLE, FL 32796 | |

| | | |
|----------------|----------------------|--|
| TITLE | CHAIRMAN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALLENDER, JERRY W. | |
| STREET ADDRESS | 719 GARDEN STREET | |
| CITY-ST-ZIP | TITUSVILLE, FL 32796 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 3/19/2008 Daytime Phone #: 321-268-4066