

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763524

FILED
Jun 15, 2010
Secretary of State

Entity Name: JESS PARRISH MEDICAL FOUNDATION, INC.

Current Principal Place of Business:

213 BROAD STREET
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2969
TITUSVILLE, FL 327812969 US

New Mailing Address:

FEI Number: 59-2249275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMIRL, LAURIE ED
213 BROAD ST
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VC
Name: BROOME, CHRIS
Address: 3464 SCRUB JAY CT
City-St-Zip: MIMS, FL 32754

Title: PC
Name: ALLENDER, JERRY W
Address: 719 GARDEN STREET
City-St-Zip: TITUSVILLE, FL 32796

Title: C
Name: SNODGRASS, JASON
Address: 4813 HELENA DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: CE
Name: BOGGS, RICHARD
Address: 620 MAIN STREET
City-St-Zip: TITUSVILLE, FL 32796

Title: S
Name: TERHUNE, BARBARA
Address: 3203 S. WASHINGTON AVE, STE #403
City-St-Zip: TITUSVILLE, FL 32780

Title: T
Name: SEGO, GENE
Address: 1510 RIVERSIDE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURIE SMIRL

ED

06/15/2010

Electronic Signature of Signing Officer or Director

Date