

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90712 034 ****61.25

DOCUMENT # 763524

1. Entity Name

JESS PARRISH MEDICAL FOUNDATION, INC.



Principal Place of Business

**338 WASHINGTON AVE
TITUSVILLE FL 32782
US**

Mailing Address

**PO BOX 6012
TITUSVILLE FL 32682-6012
US**

11000167



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
213 Broad Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville FL

City & State

Zip

Country

Zip

Country

32796

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

**DARTON, JENNIFER
338 S WASHINGTON AVE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 TO

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPARKMAN, GREG	
STREET ADDRESS	4595 HELENA DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TERHUNE, BARBARA	
STREET ADDRESS	1627 CANDLE CT	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALLENDER, JERRY	
STREET ADDRESS	545 ORA DELL AV	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SANTIAGO, BULNES	
STREET ADDRESS	2750 SUNRISE DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARTON, JENNIFER	
STREET ADDRESS	PO BOX 6012	
CITY-ST-ZIP	TITUSVILLE FL 32782-6012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JJ Parrish III	
STREET ADDRESS	P.O. Box 6566	
CITY-ST-ZIP	Titusville, FL 32782	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Allender	
STREET ADDRESS	545 Ora Dell Ave	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jason Snodgrass	
STREET ADDRESS	4613 Helena Dr	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Boggs	
STREET ADDRESS	620 Main Street	
CITY-ST-ZIP	Titusville, FL 32796	
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 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: *JENNIFER DARTON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 (31)269-4016

CR2E037 (10/02)