

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002723

FILED
Jan 31, 2009
Secretary of State

Entity Name: THE JOHN B. GORRIE FOUNDATION, INC.

Current Principal Place of Business:

705 DELEON STREET
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

705 DELEON STREET
TAMPA, FL 33606

New Mailing Address:

FEI Number: 13-4246147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, SUSAN MS
705 DELEON STREET
TAMPA, FL 33606 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: P () Delete
Name: HARRIS, ELIZABETH B
Address: 705 DELEON ST.
City-St-Zip: TAMPA, FL 33606

Title: COT () Delete
Name: GUYTON, LYNN P
Address: 705 DELEON ST.
City-St-Zip: TAMPA, FL 33606

Title: COT () Delete
Name: LAPORTA, LEN
Address: 705 DELEON ST.
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: CANTOR, JOEL
Address: 705 DELEON STREET
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: WALLACE, DON
Address: 705 DELEON STREET
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: TOBIN, VALERIE
Address: 705 DELEON ST.
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CRAIG R MINSKY

TREA

01/31/2009

Electronic Signature of Signing Officer or Director

Date