

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008112

FILED
Apr 19, 2012
Secretary of State

Entity Name: HMA EMPLOYEE DISASTER RELIEF FUND, INC.

Current Principal Place of Business:

5811 PELICAN BAY BLVD SUITE 500
NAPLES, FL 341082710

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BLVD SUITE 500
ATTN: LEGAL DEPT
NAPLES, FL 341082710

New Mailing Address:

FEI Number: 20-1507465 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: NEWSOME, GARY D
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: VD
Name: LOMBARDI, PATRICK
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: T
Name: BRYANT, GARY S
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: ASEC
Name: HOLLOWAY, KATHLEEN K
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: ATRS
Name: SHAW, MARLIN K
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

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: GARY S. BRYANT

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04/19/2012

Electronic Signature of Signing Officer or Director

Date