

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001155

FILED
Apr 27, 2009
Secretary of State

Entity Name: CHS HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

8655 BAY COLONY DRIVE #403
NAPLES, FL 34108

New Principal Place of Business:

8665 BAY COLONY DRIVE #403
NAPLES, FL 34108 US

Current Mailing Address:

8655 BAY COLONY DRIVE #403
NAPLES, FL 34108

New Mailing Address:

8665 BAY COLONY DRIVE #403
NAPLES, FL 34108 US

FEI Number: 26-0229508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP, INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH SUITE 400
NAPLES, FL 34101 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: PRES () Delete
Name: AKIN, RICHARD
Address: 1454 MADISON AVE.
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VP () Delete
Name: SCHNEIDER, THOMAS
Address: 704 TURKEY OAK LANE
City-St-Zip: NAPLES, FL 34108 US

Title: SECR () Delete
Name: MURRAY, KENNETH
Address: 8655 BAY COLONY DRIVE #403
City-St-Zip: NAPLES, FL 34108 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP (X) Change () Addition
Name: MCDONOUGH, JOHN
Address: 8665 BAY COLONY DRIVE #403
City-St-Zip: NAPLES, FL 34108 US

Title: DVC (X) Change () Addition
Name: SCHNEIDER, THOMAS
Address: 704 TURKEY OAK LANE
City-St-Zip: NAPLES, FL 34108 US

Title: DS (X) Change () Addition
Name: GERRITY, DOTTIE
Address: 8665 BAY COLONY DRIVE #403
City-St-Zip: NAPLES, FL 34108 US

Title: DT () Change (X) Addition
Name: BROWN, DENNIS
Address: 8665 BAY COLONY DRIVE #403
City-St-Zip: NAPLES, FL 34108 US

Title: D () Change (X) Addition
Name: AKIN, RICHARD
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142 US

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: JOHN MCDONOUGH

DCP

04/27/2009

Electronic Signature of Signing Officer or Director

Date