2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

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Entity Name: CHS HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

1454 MADISON AV
IMMOKALEE, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

1454 MADISON AV
IMMOKALEE, FL 34108 US

New Mailing Address:

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: DCP
Name: MCDONOUGH, JOHN
Address: 1454 MADISON AV
City-St-Zip: IMMOKALEE, FL 34142 US

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

Title: DS
Name: GERRITY, DOTTIE
Address: 1454 MADISON AV
City-St-Zip: IMMOKALEE, FL 34142 US

Title: DT
Name: BROWN, DENNIS
Address: 1454 MADISON AV
City-St-Zip: IMMOKALEE, FL 34142 US

Title: D
Name: AKIN, RICHARD B
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142 US

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: RICHARD B AKIN D 01/05/2011

Electronic Signature of Signing Officer or Director Date