

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001155

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** CHS HEALTHCARE FOUNDATION, INC.

**Current Principal Place of Business:**

1454 MADISON AV  
IMMOKALEE, FL 34108 US

**New Principal Place of Business:**

1454 MADISON AVE  
IMMOKALEE, FL 34142 US

**Current Mailing Address:**

1454 MADISON AV  
IMMOKALEE, FL 34108 US

**New Mailing Address:**

1454 MADISON AVE  
IMMOKALEE, FL 34142 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: 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

02/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date