

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007819

FILED
Apr 28, 2012
Secretary of State

Entity Name: WEEMS MEMORIAL ARTS IN MEDICINE, INC

Current Principal Place of Business:

192 14TH STREET
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

192 14TH STREET
APALACHICOLA, FL 32320

New Mailing Address:

FEI Number: 45-3120571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, CLARICE M
192 14TH STREET
APALACHICOLA, FL 32320 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: D-CH
Name: GRINER, GINNY
Address: 135 AVE G
City-St-Zip: APALACHICOLA, FL 32320

Title: D-VC
Name: TAYLOR, JOE
Address: 98 9TH STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: D-S
Name: POWELL, CLARICE M
Address: 259 7TH STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: D-T
Name: SISUNG, ELIZABETH
Address: 627 HIGHWAY 98
City-St-Zip: EASTPOINT, FL 32328

Title: D
Name: ANDERSON, PENNY
Address: 606 THREE RIVERS RD
City-St-Zip: CARRABELLE, FL 32322

Title: D
Name: KOSLOWSKY, ELAINE
Address: 55 S BAYSHORE DR.
City-St-Zip: EASTPOINT, FL 32328

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: ELIZABETH SISUNG

D-T

04/28/2012

Electronic Signature of Signing Officer or Director

Date