2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N20127

1. Entity Name

WILLIAM J. GUNN MEDICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
3121 GALLIMORE DR. TALLAHASSEE FL 32310 US	1215 LEE AVE. PO BOX 6213 TALLAHASSEE FL 32314 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2804091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, G.D. 3121 GALLIMORE DRIVE TALLAHASSEE FL 32304	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accep the obligations of registered agent.

SIGNATURE G.D. Roberts G.D. ROBERTS 2-12-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SAUNDERS-JONES, REMELDA STREET ADDRESS 4150 CAPITAL CIR NE CITY-ST-ZIP TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000436307 02/27/06-80031-020 61.25
TITLE TD NAME BLACKSHEAR, ALFREDA STREET ADDRESS 1215 LEE AVE. CITY-ST-ZIP TALLAHASSEE FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE VD NAME HERRING, CLARENCE STREET ADDRESS 4003 KILMARTIN DR CITY-ST-ZIP TALLAHASSEE FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE S NAME HUGGER, KENNESSA STREET ADDRESS 2420 EAST PLAZA DR CITY-ST-ZIP TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or dire 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 in Block 10 or Blo d changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Remelda Saunders-Jones 2/12/06