


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # N20127</b>                                       |  |
| 1. Entity Name<br><b>WILLIAM J. GUNN MEDICAL SOCIETY, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>3121 GALLIMORE DR.<br/>TALLAHASSEE, FL 32310 US</b> | Mailing Address<br><b>1215 LEE AVE.<br/>PO BOX 6213<br/>TALLAHASSEE, FL 32314 US</b> |
|---|--|



01212008 No Chg-NP CR2E037 (4/06)

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|---|--|
| 4. FEI Number<br><b>59-2804091</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |                                   |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>ROBERTS, G.D.<br/>3121 GALLIMORE DRIVE<br/>TALLAHASSEE, FL 32304</b> | <b>DO NOT WRITE IN THIS SPACE</b> |
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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 accept the obligations of registered agent.

SIGNATURE *G.D. Roberts* *G.D. Roberts* *4-10-08*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>SAUNDERS-JONES, REMELDA<br>4160 CAPITAL CIR NE<br>TALLAHASSEE, FL 32308 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>BLACKSHEAR, ALFREDA<br>1215 LEE AVE.<br>TALLAHASSEE, FL 32303           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>HERRING, CLARENCE<br>4003 KILMARTIN DR<br>TALLAHASSEE, FL 32309         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>HUGGER, KENNESSA<br>2420 EAST PLAZA DR<br>TALLAHASSEE, FL 32308          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE IN THIS SPACE**

04/28/08-80019-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Remelda Saunders-Jones* *Remelda* *4/10/08* *(850) 386-4055*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #