

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20127

FILED  
Feb 20, 2009  
Secretary of State

**Entity Name:** WILLIAM J. GUNN MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

3121 GALLIMORE DR.  
TALLAHASSEE, FL 32310 US

**New Principal Place of Business:**

**Current Mailing Address:**

1215 LEE AVE.  
PO BOX 6213  
TALLAHASSEE, FL 32314 US

**New Mailing Address:**

**FEI Number:** 59-2804091      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, G.D.  
3121 GALLIMORE DRIVE  
TALLAHASSEE, FL 32304 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: PD ( ) Delete  
Name: SAUNDERS-JONES, REMELDA  
Address: 4160 CAPITAL CIR NE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete  
Name: BLACKSHEAR, ALFREDA,  
Address: 1215 LEE AVE.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD ( ) Delete  
Name: HERRING, CLARENCE  
Address: 4003 KILMARTIN DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete  
Name: HUGGER, KENNESSA  
Address: 2420 EAST PLAZA DR  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: REMELDA SAUNDERS-JONES

PRES

02/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date