

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32088

FILED
Jan 30, 2004
Secretary of State**Entity Name:** RETIRED EMPLOYEES OF TALLAHASSEE MEMORIAL HEALTHCARE, INC.**Current Principal Place of Business:**2103 WOODSTOCK LANE
TALLAHASSEE, FL 32303738 US**New Principal Place of Business:****Current Mailing Address:**2103 WOODSTOCK LANE
TALLAHASSEE, FL 32303 US**New Mailing Address:****FEI Number:** 59-2945895 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**EBEL, JOHN A.
2103 WOODSTOCK LANE
TALLAHASSEE, FL 32303 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:** P () Delete
Name: MEEKS, OLIVIA
Address: 1745 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308**Title:** V () Delete
Name: BORNES, BETTY
Address: 1029 HARLEU ST.
City-St-Zip: TALLAHASSEE, FL 32304**Title:** T () Delete
Name: LUNAN, ENID
Address: 2409 BASS BAY DR.
City-St-Zip: TALLAHASSEE, FL 32312**Title:** DS () Delete
Name: NELSON, SHIRLEY
Address: 1212 SPOTTSWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308**Title:** V () Delete
Name: KING, AGNES
Address: 1900 TY TY COURT
City-St-Zip: TALLAHASSEE, FL 32308**Title:** D () Delete
Name: MULLARKEY, MARGARET
Address: 1834 DEVRA DR
City-St-Zip: TALLAHASSEE, FL 32303**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: MEEKS, OLIVIA
Address: 1745 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308 US**Title:** V (X) Change () Addition
Name: BARNES, BETTY
Address: 1029 HARLEM ST.
City-St-Zip: TALLAHASSEE, FL 32304 US**Title:** T (X) Change () Addition
Name: LUNAN, ENID
Address: 2409 BASS BAY DR.
City-St-Zip: TALLAHASSEE, FL 32312 US**Title:** DS (X) Change () Addition
Name: NELSON, SHIRLEY
Address: 1212 SPOTTSWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US**Title:** D (X) Change () Addition
Name: TRICQUET, BETTY
Address: 1783 FOLKSTONE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US**Title:** D (X) Change () Addition
Name: EBEL, JOHN A
Address: 2103 WOODSTOCK LANE
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN A. EBEL

D

01/30/2004

Electronic Signature of Signing Officer or Director_____
Date

DELMA LEE - DIRECTOR
2518 HASTINGS DRIVE
TALLAHASSEE FL 32303

JAMIE SHEFFIELD - DIRECTOR
101 OSCEOLA ROAD
PERRY FL 32348

PENNY BLASZCZYK - DIRECTOR
4150 DEERLANE DRIVE
TALLAHASSEE FL 32312