

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90098 005 \*\*\*\*61.25

**DOCUMENT # N32088**

1. Entity Name

**RETIRED EMPLOYEES OF TALLAHASSEE MEMORIAL HEALTH CARE, INC.**



Principal Place of Business

**2103 WOODSTOCK LANE  
TALLAHASSEE FL 32303-738  
US**

Mailing Address

**2103 WOODSTOCK LANE  
TALLAHASSEE FL 32303  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2945895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EBEL, JOHN A.  
2103 WOODSTOCK LANE  
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name **Enid Lunan** **error**  
Street Address (P.O. Box Number is Not Acceptable)  
**2409 Bass Bay Dr**  
**Tallahassee FL 32312**  
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 accept the obligations of registered agent.

SIGNATURE

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**

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	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EBEL, JOHN A</b>	
STREET ADDRESS	<b>2103 WOODSTOCK LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>PPD</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, DELMA C</b>	
STREET ADDRESS	<b>7094 BLUEBERRY HILL DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TRIQUET, BETTY-LOU</b>	
STREET ADDRESS	<b>1783 FOLKSTONE ROAD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, SHIRLEY</b>	
STREET ADDRESS	<b>1212 SPOTTSWOOD DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KING, AGNES</b>	
STREET ADDRESS	<b>1900 TY TY COURT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MULLARKEY, MARGARET</b>	
STREET ADDRESS	<b>1834 DEVRA DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Olivia Meeks</b>	
STREET ADDRESS	<b>1745 Capital Circle N.E</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Betty Barnes</b>	
STREET ADDRESS	<b>1029 Horlen St</b>	
CITY-ST-ZIP	<b>Tallahassee FL 32304</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Enid Lunan</b>	
STREET ADDRESS	<b>2409 Bass Bay Dr Tall. FL</b>	
CITY-ST-ZIP	<b>32312</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **SIGNATURE REQUIRED**

**Enid Lunan 3-12-03 843-3206**

CR2E037 (10/02)