

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90010 049 ****70.00

DOCUMENT # N95000005622

1. Entity Name
JFK MEDICAL CENTER FOUNDATION, INC.



Principal Place of Business
C/O 5301 S. CONGRESS AVENUE
ATLANTIS, FL 33462 US

Mailing Address
C/O 5301 S. CONGRESS AVENUE
ATLANTIS, FL 33462 US

44049902



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0649377

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PASSARELLA, MADELYN
5301 SOUTH CONGRESS AVENUE
ATLANTIS, FL 33462

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 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

Filing Fee is \$61.25
Due by September 8, 2004

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
POEST, VERNON
363 VILLA DRIVE
SO. ATLANTIS, FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Janet Owens
5002 Sabreline Terrace
Greenacres, Florida 33463 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
OCHS, GEORGIA
280-B HIGH POINT BLVD.
BOYNTON BEACH, FL 33435 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Marilyn Tuppen
100 Windsor Court
Atlantis, Florida 33462 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
LARSON, MORGAN
111 VILLA CIRCLE
ATLANTIS, FL 33462 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
William Howell
573 South Country Club Drive
Atlantis, Florida 33462 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOGAN, NANCY
434 GLENBROOK DR
ATLANTIS, FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Richard C. Sorgini
2602 Holy Cross Lane
Lake Worth, Florida 33460 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JOLLY-TIMKHAM, TOMMYE
373 COLONY KEY CIR.
ATLANTIS, FL 33462 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P.
Daniel Spurlock, M.D.
132 Marine Way
Delray Beach, Florida 33483 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PASSARELLA, MADELYN
5301 SOUTH CONGRESS AVE.
ATLANTIS, FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
James Holyfield, CPA
Holyfield & Thomas, LLC
1601 Forum Place
Suite 801
West Palm Beach, Florida 33401 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-22-04