

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005622

FILED
Jun 17, 2010
Secretary of State

Entity Name: JFK MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6245
LAKE WORTH, FL 33466 US

New Mailing Address:

FEI Number: 65-0649377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER, MADELYN
5301 SOUTH CONGRESS AVENUE
ATLANTIS, FL 33462 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
Name: SPURLOCK, DANIEL
Address: 132 MARINE WAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD
Name: TUPPEN, MARILYN
Address: 100 WINDSOR COURT
City-St-Zip: ATLANTIS, FL 33462

Title: D
Name: MIDWALL, JAY
Address: 5503 SOUTH CONGRESS AVENUE
City-St-Zip: ATLANTIS, FL 33462

Title: D
Name: HOGAN, NANCY
Address: 434 GLENBROOK DR
City-St-Zip: ATLANTIS, FL 33462

Title: D
Name: YOUNG, DAN .
Address: 1550 SOUTH OCEAN BLVD
City-St-Zip: MANALAPAN, FL 33462

Title: TD
Name: RAUTBORD, VICKI
Address: 413 NORTH COUNTRY CLUB DRIVE
City-St-Zip: ATLANTIS, FL 33462

I hereby 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 all other like empowered.

SIGNATURE: MADELYN CHRISTOPHER

RA/S

06/17/2010

Electronic Signature of Signing Officer or Director

Date