

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000719

FILED
Apr 30, 2004
Secretary of State

Entity Name: ESCAMBIA COUNTY MEDICAL ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

8880 UNIVERSITY PARKWAY #B
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

8880 UNIVERSITY PARKWAY #B
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-3365783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, CHRISTINA
491 TANGLEWOOD DR
PENSACOLA, FL 32503 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: BOURGES-JONES, SHARON
Address: 3110 BRITTANY PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: PD () Delete
Name: GALBARY, JUDY
Address: 2640 CAWATE CT
City-St-Zip: PENSACOLA, FL 32503

Title: VD () Delete
Name: HARBOR, MARIE
Address: 3115 BRITTANY PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: SD () Delete
Name: SUMENBERG, DONNA
Address: 4545 FRANCISCO RD
City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete
Name: CAMERON, CHRISTINE
Address: 491 TANGLEWOOD DR
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: KOTLARZ, WENDY
Address: 4131 BRIGHTON DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GALBARY, JUDY
Address: 2640 CAWATE CT
City-St-Zip: PENSACOLA, FL 32503

Title: PD (X) Change () Addition
Name: HENDRIX, KAREN
Address: 18 W. GALVEZ CT.
City-St-Zip: PENSACOLA BEACH, FL 32561

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

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

Title: VPD (X) Change () Addition
Name: FAIRLEIGH, VICKIE
Address: 96 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

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: CHRISTINE CAMERON

TD

04/30/2004

Electronic Signature of Signing Officer or Director

Date