


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000006601		
1. Entity Name JOHN ALLEN HAMER, MD. MEMORIAL FOUNDATION, INC.		
Principal Place of Business 1205 MAYTOWN RD OAK HILL, FL 32759	Mailing Address OAK HURST CENTRE 1205 MAYTOWN ROAD OAK HILL, FL 32759-9103	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HURST, EDWARD E 1205 MAYTOWN ROAD OAK HILL, FL 32789		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JARVIS, SHERRY C 602 INDIAN RIVER BLVD #201 EDGEWATER, FL 32141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/M HURST, EDWARD E. 1205 MAYTOWN RD. OAK HILL, FL 32759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HURST, KAREN K. 1205 MAYTOWN RD. OAK HILL, FL 32759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KIME, HAROLD H. 3501 PREMIER DR. CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, JANA 225 S. INERLACHEN WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Karen K. Hurst</u> <u>Karen K. Hurst</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/17/2006</u> <u>386 345 1958</u> <small>Date Daytime Phone #</small>



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3424815

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000393559
01/25/06-80025-023 61.25

**DO NOT WRITE
IN THIS SPACE**