#### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 726307** 

Entity Name: ADVENTIST HEALTH SYSTEM/SUNBELT, INC.

FILED
Apr 15, 2020
Secretary of State
7472068556CC

## **Current Principal Place of Business:**

900 HOPE WAY

ALTAMONTE SPRINGS. FL 32714

# **Current Mailing Address:**

900 HOPE WAY

ALTAMONTE SPRINGS. FL 32714

FEI Number: 59-1479658 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BROMME, JEFF 900 HOPE WAY

ALTAMONTE SPRINGS, FL 32714 US

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

#### Officer/Director Detail:

Title PD, ASST. SECRETARY, DIRECTOR Title AS

NameSHAW, TERRYNameBLOCK, MARKAddress900 HOPE WAYAddress900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS Title AS

NameADDISCOTT, LYNNNameDE PRADA, ARIELAddress900 HOPE WAYAddress900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL

Title D Title DIRECTOR

NameCRAIG, CARLOSNameCARLSON, RONALDAddressP. O. BOX 800Address3440 URISH ROADCity-State-Zip:ALVARADO TX 76009City-State-Zip:TOPEKA KS 66614

Title DIRECTOR Title DIRECTOR

Name DAVIDSON, JAMES Name GRIFFITH, BUFORD

Address CAROLINA CONFERENCE OF SDA Address SOUTHWESTERN UNION OF SDA

P. O. BOX 44270

P. O. BOX 4000

City-State-Zip: CHARLOTTE NC 28215 City-State-Zip: BURLESON TX 76097

## Continues on page 2

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: LYNN ADDISCOTT ASSISTANT SECRETARY 04/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

Title Title DIRECTOR DIRECTOR JOHNSON, MARK PHD Name SCOTT, GLYNN CW Name JEFFERSON COUNTY DEPT. OF HEALTH LAKE UNION CONFERENCE OF SDA Address Address **1801 19TH STREET** P. O. BOX 287 GOLDEN CO 80401 BERRIEN SPRINGS MI 49103 City-State-Zip: City-State-Zip: Title TREASURER, ASSISTANT SECRETARY Title **DIRECTOR** Name RATHBUN, PAUL Name WEBB, GIL CENTRAL STATES CONFERENCE Address ADVENTIST HEALTH SYSTEM Address 900 HOPE WAY 3301 PARALLEL PARKWAY ALTAMONTE SPRINGS FL 32714 City-State-Zip: KANSAS CITY KS 66104 City-State-Zip: Title DIRECTOR Title ASST. SECRETARY WERNER, THOMAS DIDENKO, DIMA Name Name Address 1670 CR 452 Address FLORIDA HOSPITAL TAMPA 3100 E FLETCHER AVENUE City-State-Zip: EUSTIS FL 32726 City-State-Zip: TAMPA FL 33613 Title **SECRETARY** Title ASST. SECRETARY Name JOHNSON, SANDRA Name JOHNSON, PENNY ADVENTIST HEALTH SYSTEM Address Address 11801 S. FREEWAY 900 HOPE WAY **BURLESON TX 76134** City-State-Zip: City-State-Zip: ALTAMONTE SPRINGS FL 32714 ASST. SECRETARY Title VΡ Title SCHULTZ, MICHAEL H Name SAUNDERS, MICHAEL Name ADVENTIST HEALTH SYSTEM Address FLORIDA HOSPITAL Address 900 HOPE WAY 2400 BEDFORD ROAD ORLANDO FL 32803 City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: Title VC, BOARD SECRETARY, DIRECTOR Title VΡ SMITH, RONALD Name SNYDER, BRENT G Name SOUTHERN UNION CONFERENCE Address Address ADVENTIST HEALTH SYSTEM P. O. BOX 849 900 HOPE WAY DECATUR GA 30031 City-State-Zip: City-State-Zip: ALTAMONTE SPRINGS FL 32714 Title ASST. SECRETARY Title DIRECTOR, CHAIRMAN THURBER, GARY Name FOLTZ, ROBERT C Name 26300 SIENA DRIVE Address P. O. BOX 287 Address City-State-Zip: BONITA SPRINGS FL 34134 City-State-Zip: BERRIEN SPRINGS MI 49103 Title VC, DIRECTOR Title ASST. SECRETARY MOORE, LARRY Name GRAFF, JEFF Name Address P. O. BOX 4000 900 HOPE WAY Address City-State-Zip: BURLESON TX 76097 ALTAMONTE SPRINGS FL 32714 City-State-Zip: Title DIRECTOR Title ASSISTANT SECRETARY Name BROWN-FRASER, SHERINE Name BANKS, DAVID Address 6268 DEANS HILL ROAD Address 900 HOPE WAY #4C

City-State-Zip:

City-State-Zip:

Title

Name

Address

BERRIEN CENTER MI 49102

DIRECTOR

SHAW, KENNETH

KEENE TX 76059

P. O. BOX 567

City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR PEOPLES, TROY Name Address P. O. BOX 6128 City-State-Zip: LINCOLN NE 68506 Title DIRECTOR

Name VALENTINE, MAURICE II

Address 3301 PARALLEL PARKWAY
City-State-Zip: KANSAS CITY KS 66104

Title DIRECTOR, ASST. SECRETARY

Name TOL, DARYL

Address 301 MEMORIAL MEDICAL PARKWAY

City-State-Zip: DAYTONA BEACH FL 32117

Title ASST. SECRETARY
Name GOODMAN, TODD A.
Address 650 EAST ROLLINS
City-State-Zip: ORLANDO FL 32803

Title ASST. SECRETARY

Name MARCHAK, MARGARET
Address 3100 EAST FLETCHER AVE.

City-State-Zip: TAMPA FL 33613

Title DIRECTOR

Name AGUILERA, RONALD

Address ILLINOIS CONFERENCE OF SDA

619 PLAINFIELD RD

City-State-Zip: WILLOWBROOK IL 60527

Title DIRECTOR

Name MACHADO, ALLAN

Address 1671 PARKGLEN CIRCLE

City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name PAGE, JOHN

Address 777 S. BURLESON BLVD.
City-State-Zip: BURLESON TX 76028

Title ASSISTANT SECRETARY

Name SUTTON, JESSE
Address 11801 S. FREEWAY
City-State-Zip: FT. WORTH TX 76028

Title ASST. SECRETARY
Name HUFFMAN, DAVID
Address 900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR, TREASURER, ASST.

**SECRETARY** 

Name RATHBUN, PAUL C.
Address 900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR

Name FREEDMAN, DAVID

Address 823 WHITFIELD OAK ROAD

City-State-Zip: AUBURN GA 30011

Title DIRECTOR

Name POENITZ, STEVEN N.

Address INDIANA CONFERENCE OF SDA

WESTFIELD BLVD.

City-State-Zip: CARMEL IN 46032