

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726307

Entity Name: ADVENTIST HEALTH SYSTEM/SUNBELT, INC.**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:** No**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
Name	JERNIGAN, DONALD
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	AS
Name	ADDISCOTT, LYNN
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	CRAIG, CARLOS
Address	P. O. BOX 800
City-State-Zip:	ALVARADO TX 76009

Title	DIRECTOR
Name	CAULEY, MIKE F
Address	FLORIDA CONFERENCE OF SDA 655 N. WYMORE ROAD
City-State-Zip:	WINTER PARK FL 32789

Title	AS
Name	BLOCK, MARK
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	AS
Name	DE PRADA, ARIEL
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL

Title	DIRECTOR
Name	CARLSON, RONALD
Address	3440 URISH ROAD
City-State-Zip:	TOPEKA KS 66614

Title	DIRECTOR
Name	DAVIDSON, JAMES
Address	CAROLINA CONFERENCE OF SDA P. O. BOX 44270
City-State-Zip:	CHARLOTTE NC 28215

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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: ARIEL DE PRADA**ASSISTANT SECRETARY** 03/01/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date**Officer/Director Detail Continued :**

Title DIRECTOR
 Name GRIFFITH, BUFORD
 Address SOUTHWESTERN UNION OF SDA
 P. O. BOX 4000
 City-State-Zip: BURLESON TX 76097

Title DIRECTOR
 Name JOHNSON, MARK PHD
 Address JEFFERSON COUNTY DEPT. OF HEALTH
 1801 19TH STREET
 City-State-Zip: GOLDEN CO 80401

Title CHAIRMAN, DIRECTOR
 Name LIVESAY, DONALD
 Address LAKE UNION CONFERENCE
 P. O. BOX 287
 City-State-Zip: BERRIEN SPRINGS MI 49103

Title DIRECTOR
 Name PICHETTE, RAY
 Address 619 PLAINFIELD ROAD
 SUITE 200
 City-State-Zip: WILLBROOK IL 60527

Title DIRECTOR
 Name SCOTT, GLYNN CW
 Address LAKE UNION CONFERENCE OF SDA
 P. O. BOX 287
 City-State-Zip: BERRIEN SPRINGS MI 49103

Title DIRECTOR
 Name WEBB, GIL
 Address CENTRAL STATES CONFERENCE
 3301 PARALLEL PARKWAY
 City-State-Zip: KANSAS CITY KS 66104

Title ASST. SECRETARY
 Name DIDENKO, DIMA
 Address FLORIDA HOSPITAL TAMPA
 3100 E FLETCHER AVENUE
 City-State-Zip: TAMPA FL 33613

Title ASST. SECRETARY
 Name JOHNSON, PENNY
 Address 11801 S. FREEWAY
 City-State-Zip: BURLESON TX 76134

Title VP
 Name SCHULTZ, MICHAEL H
 Address FLORIDA HOSPITAL
 2400 BEDFORD ROAD
 City-State-Zip: ORLANDO FL 32803

Title ASST. SECRETARY
 Name TEPPERT, LAURIE ESQ.
 Address UNIVERSITY COMMUNITY HOSPITAL, INC.
 3100 E FLETCHER AVENUE

Title VP, ASSISTANT SECRETARY,
 DIRECTOR
 Name HOUMANN, LARS
 Address FLORIDA HOSPITAL
 2400 BEDFORD ROAD
 City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
 Name KNUTSON, DERYL
 Address SOUTHWESTERN UNION
 CONFERENCE OF SDA
 P. O. BOX 4000
 City-State-Zip: BURLESON TX 76097

Title DIRECTOR
 Name MOREL, HUBERT
 Address 601 E. ROLLINS STREET
 City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
 Name ROBINSON, RANDY
 Address SOUTHERN UNION CONFERENCE OF
 SDA
 P. O. BOX 849
 City-State-Zip: DECATUR GA 30031

Title ASSISTANT SECRETARY,
 TREASURER, DIRECTOR
 Name SHAW, TERRY
 Address ADVENTIST HEALTH SYSTEM
 900 HOPE WAY
 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
 Name WERNER, THOMAS
 Address 1670 CR 452
 City-State-Zip: EUSTIS FL 32726

Title SECRETARY
 Name HENDERSCHIEDT, ROBERT R
 Address ADVENTIST HEALTH SYSTEM
 900 HOPE WAY
 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
 Name SAUNDERS, MICHAEL
 Address ADVENTIST HEALTH SYSTEM
 900 HOPE WAY
 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP, ASST. SECRETARY
 Name SNYDER, BRENT G
 Address ADVENTIST HEALTH SYSTEM
 900 HOPE WAY
 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
 Name WILLIAMS, THOMAS J

City-State-Zip: TAMPA FL 33613

Title VC, BOARD SECRETARY, DIRECTOR
Name SMITH, RONALD
Address SOUTHERN UNION CONFERENCE
P. O. BOX 849
City-State-Zip: DECATUR GA 30031

Title ASST. SECRETARY
Name FOLTZ, ROBERT C
Address 26300 SIENA DRIVE
City-State-Zip: BONITA SPRINGS FL 34134

Title ASST. SECRETARY
Name RATHBUN, PAUL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name BANKS, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name HAFFNER, RANDALL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name SHAW, KENNETH
Address P. O. BOX 567
City-State-Zip: KEENE TX 76059

Address AHS MIDWEST REGION
12 SALT CREEK LANE SUITE 400
City-State-Zip: HINSDALE IL 60521

Title DIRECTOR
Name THURBER, GARY
Address P. O. BOX 287
City-State-Zip: BERRIEN SPRINGS MI 49103

Title ASST. SECRETARY
Name GRAFF, JEFF
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VC, DIRECTOR
Name MOORE, LARRY
Address P. O. BOX 4000
City-State-Zip: BURLESON TX 76097

Title DIRECTOR
Name BROWN-FRASER, SHERINE
Address 6268 DEANS HILL ROAD
#4C
City-State-Zip: BERRIEN CENTER MI 49102

Title DIRECTOR
Name PEOPLES, TROY
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