

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737479

Entity Name: TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION, INC.**Current Principal Place of Business:**1331 E SIXTH AVE
TALLAHASSEE, FL 32303-6505**Current Mailing Address:**1331 E SIXTH AVE
TALLAHASSEE, FL 32303-6505**FEI Number:** 59-1727645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, JUDY
1300 MICCOSUKEE RD.
TALLAHASSEE, FL 32308 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 DIRECTOR, VC
Name MINNIS, DEBORAH ESQ.
Address 1331 E SIXTH AVENUE
City-State-Zip: TALLAHASSEE FL 32308

Title CFO
Name GIUDICE, WILLIAM A
Address 1331 E SIXTH AVE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, TREASURER
Name BROTHERS, KATHLEEN E
Address 1331 E SIXTH AVE
City-State-Zip: TALLAHASSEE FL 32303-6505

Title DIRECTOR, CHAIRMAN
Name CANUP, EDWARD G
Address 1331 E SIXTH AVE
City-State-Zip: TALLAHASSEE FL 32303-6505

Title DIRECTOR, SECRETARY
Name SAINT, RHONDA
Address 1331 E SIXTH AVE
City-State-Zip: TALLAHASSEE FL 32303-6505

Title DIRECTOR, ASST. TREASURER
Name SULLIVAN, PAUL
Address 1331 E SIXTH AVE
City-State-Zip: TALLAHASSEE FL 32303-6505

Title PRESIDENT
Name ALLEN, NIGEL
Address 1331 E SIXTH AVE
City-State-Zip: TALLAHASSEE FL 32303-6505

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: WILLIAM A GIUDICE

CFO

02/18/2020

Electronic Signature of Signing Officer/Director Detail

Date