

**2024 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:** Yes**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	CFO
Name	NEEDHAM, PRISCILLA
Address	1331 E SIXTH AVE
City-State-Zip:	TALLAHASSEE FL 32308

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

Title	TREASURER
Name	DIXON, SAMMIE
Address	1331 EAST SIXTH AVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	SECRETARY
Name	BEVIS, AMANDA
Address	1331 EAST SIXTH AVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	CHAIRMAN, DIRECTOR
Name	BROTHERS, KATHLEEN E
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

Title	ASST. TREASURER
Name	WALKER, SETH
Address	1331 E. SIXTH AVE
City-State-Zip:	TALLAHASSEE FL 32308

*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:** PRISCILLA NEEDHAM**CFO****03/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date