

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763524

**Entity Name:** JESS PARRISH MEDICAL FOUNDATION, INC.

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC4169017578**

**Current Principal Place of Business:**

921 NORTH WASHINGTON AVENUE  
PARRISH HEALTH VILLAGE WEST  
TITUSVILLE, FL 32796

**Current Mailing Address:**

PO BOX 2969  
TITUSVILLE, FL 32781-2969 US

**FEI Number: 59-2249275**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILSON, MISTY  
921 NORTH WASHINGTON AVENUE  
PARRISH HEALTH VILLAGE WEST  
TITUSVILLE, FL 32796 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: MISTY WILSON**

**01/24/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name BROOME, CHRIS  
Address 3464 SCRUB JAY CT  
City-State-Zip: MIMS FL 32754

Title SECRETARY  
Name KIRK, JESSIE D  
Address 213 HARRISON ST.  
City-State-Zip: TITUSVILLE FL 32780

Title PAST CHAIRMAN  
Name BOGGS, RICHARD  
Address 620 MAIN STREET  
City-State-Zip: TITUSVILLE FL 32796

Title CHAIR ELECT  
Name TERHUNE, BARBARA  
Address 3203 S. WASHINGTON AVE, STE #403  
City-State-Zip: TITUSVILLE FL 32780

Title VC  
Name SEGO, GENE  
Address 1510 RIVERSIDE DRIVE  
City-State-Zip: TITUSVILLE FL 32780

Title TREASURER  
Name TERRY, RACHEL  
Address 325 WILLOW ST  
City-State-Zip: TITUSVILLE FL 32780

*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: CHRIS BROOME**

**CHAIRMAN**

**01/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date