

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763524

Entity Name: JESS PARRISH MEDICAL FOUNDATION, INC.

FILED
Feb 14, 2020
Secretary of State
8502225320CC

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:

RIMSKY, CHRISTIE PHILANTHROPY OFFICER
921 NORTH WASHINGTON AVENUE
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: CHRISTIE RIMSKY

02/14/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title VC
Name COLEMAN, RANDALL
Address 3869 RAMBLING ACRES DR.
City-State-Zip: TITUSVILLE FL 32796

Title SECRETARY
Name LUGO, MELISSA
Address 2749 HILLCREST AVE.
City-State-Zip: TITUSVILLE FL 32796

Title TREASURER
Name SIMPSON, PHILIP PHD
Address 252 ULSTER LN
City-State-Zip: MELBOURNE FL 32935

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: MELISSA LUGO

SECRETARY

02/14/2020

Electronic Signature of Signing Officer/Director Detail

Date