

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763524

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

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**5950457444CC**

**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**

**02/01/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title TREASURER  
Name MCCARTHY, WILLIAM  
Address 1262 PINE ISLAND RD.  
City-State-Zip: MERRITT ISLAND FL 32953

Title SECRETARY  
Name SIMPSON, PHILIP PHD  
Address 877 VILLA DR.  
City-State-Zip: MELBOURNE FL 32940

*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: RACHEL TERRY**

**CHAIR**

**02/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date