

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011681

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC2741582139**

**Entity Name:** THE ALLISON BRUNDICK HARAMIS FOUNDATION, INC.

**Current Principal Place of Business:**

4155 OXFORD AVENUE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4155 OXFORD AVENUE  
JACKSONVILLE, FL 32210 US

**FEI Number: 27-4599048**

**Certificate of Status Desired: No**

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

HARAMIS, DREW  
4155 OXFORD AVENUE  
JACKSONVILLE, FL 32210 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 PD  
Name HARAMIS, DREW  
Address 4155 OXFORD AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

Title TD  
Name HANIGAN, JENNIFER A  
Address 4155 OXFORD AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

Title VP, PASTOR  
Name HEMPHILL, ANN STEWART  
Address 4155 OXFORD AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE  
Name HORN, CAMILLE  
Address 4155 OXFORD AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE  
Name BOSWELL, LAURA  
Address 4155 OXFORD AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE  
Name NICHOLS, EUGENE B  
Address 4155 OXFORD AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE  
Name DONAHOO, GINA  
Address 4155 OXFORD AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY  
Name IRVING, BARBARA  
Address 4155 OXFORD AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

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*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: MARY LEE WILLETTS**

**EXECUTIVE DIRECTOR**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title COO  
Name NEWTON, KARLA  
Address 4155 OXFORD AVENUE  
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE  
Name ROBIE, ROSEMARY  
Address 4155 OXFORD AVENUE  
City-State-Zip: JACKSONVILLE FL 32210