

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000011680

Entity Name: TRINITY HEALTH FOUNDATION INC**Current Principal Place of Business:**8445 PAPELON WAY
JACKSONVILLE, FL 34761**Current Mailing Address:**8445 PAPELON WAY
JACKSONVILLE, FL 34761 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, KEVIN R SR
220 1ST STREET
OCOE, FL 34761-4444 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	P
Name	DAVIS, KEVIN R SR.
Address	220 1ST STREET
City-State-Zip:	OCOE FL 34761-4444

Title	VP
Name	DAVIS, KEVIN R JR.
Address	220 1ST STREET
City-State-Zip:	OCOE FL 34761-4444

Title	SEC
Name	DAVIS, KEVIN
Address	220 1ST STREET
City-State-Zip:	OCOE FL 34761-4444

Title	VP
Name	DAVIS, ANGELA R
Address	3518 BUNCHBERRY WAY
City-State-Zip:	OCOE FL 34761

Title	CFO
Name	ORR, ERIC
Address	8445 PAPELON WAY
City-State-Zip:	JACKSONVILLE FL 32217

Title	T
Name	ORR, ERIC
Address	8445 PAPELON WAY
City-State-Zip:	JACKSONVILLE FL 32217

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: KEVIN RAMSEY DAVIS**EXECUTIVE DIRECTOR****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date