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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 753206 (2)
 1. Corporation Name
GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.

Principal Place of Business Mailing Address

580 WEST EIGHTH STREET JACKSONVILLE FL 32209 **580 WEST EIGHTH STREET JACKSONVILLE FL 32209**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/30/1980** 3a. Date of Last Report: **04/25/1994**

4. FBI Number: **59-2006024** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

DREWA, MARCUS E.
580 WEST EIGHTH STREET
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City 85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, CHARLES	1.2 NAME	Ken Wilson
STREET ADDRESS	3625 UNIVERSITY BLVD.	1.3 STREET ADDRESS	3625 University Blvd.
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	Jacksonville, FL 32216
TITLE	S	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JERRY	2.2 NAME	Captain D.V. Hollingsworth
STREET ADDRESS	1350 12TH AVENUE S.	2.3 STREET ADDRESS	2080 Child Street
CITY - ST - ZIP	JACKSONVILLE BEACH FL	2.4 CITY - ST - ZIP	Jacksonville, FL 32214
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREWA, MARCUS	3.2 NAME	
STREET ADDRESS	580 W 8TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, HUGH	4.2 NAME	Michael Higgins
STREET ADDRESS	800 PRUDENTIAL DR.	4.3 STREET ADDRESS	655 W. 8th Street
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	Jacksonville, FL 32209
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READ, LARRY	5.2 NAME	Bob Kreiger
STREET ADDRESS	4205 BELFORD RD	5.3 STREET ADDRESS	Orange Park Medical Center
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	Orange Park, FL 32073
TITLE	D	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KEN	6.2 NAME	Jim Johnson
STREET ADDRESS	3599 UNIVERSITY BLVD., S.	6.3 STREET ADDRESS	1800 Barrs St.
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	Jacksonville, FL 32204

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (Change), or on an attachment with an address.

SIGNATURE: _____ **4-10-95** **(904) 798-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System File #)