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FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753206 (2)
 1. Corporation Name
GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.

Principal Place of Business 580 W. 8TH ST. JACKSONVILLE, FL 32209	Mailing Address 580 W. 8TH ST. JACKSONVILLE, FL 32209
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3. Date Incorporated or Qualified 06/30/1980	
4. FEI Number 59-2006024	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DREWA, MARCUS E.
 580 W. 8TH ST.
 JACKSONVILLE, FL 32209**

10. Name and Address of New Registered Agent

81. Name LORI BILELLO	
82. Street Address (P.O. Box Number is Not Acceptable) 900 UNIVERSITY BLVD. N., SUITE 202	
83. City	
84. City JACKSONVILLE	85. Zip Code FL 32211

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Lori A. Bilello* **Lori A. Bilello** **4/22/98**

12. OFFICERS AND DIRECTORS

TITLE CD	<input type="checkbox"/> DELETE
NAME JERRY MILLER	
STREET ADDRESS 1350 13TH AVE. SO.	
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	
TITLE VD	<input type="checkbox"/> DELETE
NAME LARRY FREEMAN	
STREET ADDRESS 800 PRUDENTIAL DRIVE	
CITY-ST-ZIP JACKSONVILLE, FL 32207	
TITLE SD	<input type="checkbox"/> DELETE
NAME LARRY READ	
STREET ADDRESS 4201 Belfort Road	
CITY-ST-ZIP JACKSONVILLE, FL 32216	
TITLE T	<input type="checkbox"/> DELETE
NAME MARCUS DREWA	
STREET ADDRESS 580 W. 8TH ST.	
CITY-ST-ZIP JACKSONVILLE, FL 32209	
TITLE D	<input type="checkbox"/> DELETE
NAME KREIGER, BOB	
STREET ADDRESS ORANGE PARK MEDICAL CENTER	
CITY-ST-ZIP ORANGE PARK, FL	
TITLE D	<input type="checkbox"/> DELETE
NAME JOHNSON, JIM	
STREET ADDRESS 1800 BARRS ST.	
CITY-ST-ZIP JACKSONVILLE, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marcus E. Drewa* **Marcus E. Drewa** **904-798-8200**

Date: _____ Daytime Phone #: _____