

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754003 (2)
1. Corporation Name
CAPE CANAVERAL HOSPITAL FOUNDATION, INC.



Principal Place of Business Mailing Address
C/O L. F. GARRISON C/O L. F. GARRISON
701 W. COCOA BEACH CAUSEWAY 701 W. COCOA BEACH CAUSEWAY
COCO A BEACH FL 32931 COCO A BEACH FL 32931

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 Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
08/29/1980 04/24/1995
4. FEI Number Applied For
59-2074733 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GARRISON, L. F.
701 W. COCOA BEACH CAUSEWAY
COCO A BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	GARRISON, LARRY F	
STREET ADDRESS	701 W COCOA BEACH CSWY	
CITY-ST-ZIP	COCO A BEACH, FL 00000	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, KEVIN	
STREET ADDRESS	696 MILLWHEEL DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	HOPE, JAN	
STREET ADDRESS	701 W COCOA BCH CSWY	
CITY-ST-ZIP	COCO A BEACH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KIRSCHENBAUM MALCOLM	
STREET ADDRESS	402 HIGH POINT DR	
CITY-ST-ZIP	COCO A BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, JEAN	
STREET ADDRESS	149 ST CROIX DR.	
CITY-ST-ZIP	COCO A BEACH FL 32931	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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 119.07(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 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:

Jan Hope, Executive
Director

2/20/96 407-799-7139
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)