FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 an **DOCUMENT # 754003 Secretary of State** 02-08-2000 90165 007 \*\*\*\*61.25 CAPE CANAVERAL HOSPITAL FOUNDATION, INC. Mailing Address Principal Place of Business 914047 PO BOX 321446 96 WILLARD ST **COCOA BEACH FL 32932-1446** 203 COCOA FL 32922 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-2074733 \$8.75 ..... Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Christopher S. Kennedy Street Address (P.O. Box Number is Not Acceptable) GARRISON, L. F. 701 W. COCOA BEACH CAUSEWAY 701 W. Cocoa Beach Causeway COCOA BEACH FL 32931 Zip Code 32931 City Cocoa Bach 8. 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. 1/17/00 Christopher S. Kennedy, Secretary/Treasurer SIGNATURE (NOTE: Registered Agent signature required when reinstating) d title if applicable Signature, typed or printed name of registered age: FILE NOW: FEE IS \$61.25 A PENNSY Make Check Ravahie in 9. Election Campaign Financing \$5.00 May Be Oepartment of all Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OFFICERS AND DIRECTORS 11. 10. XX Change Delete TITLE TITLE STD NAME NAME GARRISON, LARRY F KENNEDY, CHRISTOPHER S. STREET ADDRESS STREET ADDRESS 8249 DEVEREUX DR 701 W. COCOA BEACH CAUSEWAY COCOA BEACH, FL 32931 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 XX Change XX Delete MD (ACTING) TITLE TITLE SMIRL, LAURIE S. HOPE, JAN NAME NAME STREET ADDRESS 96 WILLARD ST, STE 203 STREET ADDRESS 699 W. COCOA BEACH CAUSEWAY CITY-ST-ZIP-CITY-ST-ZIP. COCOA BEACH, FL 32931 COCOA BEACH FL 32922 XX Change TITLE ☐ Delete CD TITLE CD NAME OPPLINGER, ARLENE NAME MENYHART, TIBOR STREET ADDRESS STREET ADDRESS **400 RIO VISTA LANE** 675 CYPRESS DRIVE CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 MERRITT ISLAND, FL. 32952 Delete TITLE XX Change TITLE VCD NAME MENYHART, TIBOR NAME BIDDIX, PATRICK STREET ADDRESS STREET ADDRESS 675 CYPRESS DR 1100 N. WICKHAM ROAD CITY-ST-ZIP CITY-ST-ZIF MERRITT ISLAND FL 32952 MELBOURNE, FL. 32935 Change TITLE C Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify the exemption etated in Section T19.97(3)(i), Florida Statutes. I further certify that the indicated on this report or supplemental report is true and accurate and that by significant shall have the same legal effect as if made under oath; that I am 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 changed, or on an attachment with an address, with all other like empowered. 1-17-00

CHRISTOPHER S. KENNEDY, SECRETARY/TREASURER 321.

SIGNATURE:

CITY-ST-ZIP