

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000414

FILED
Apr 17, 2012
Secretary of State

Entity Name: FRIENDS OF THE HOSPITAL, INC.

Current Principal Place of Business:

303 NORTHEAST MARION STREET
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

303 NORTHEAST MARION STREET
MADISON, FL 32340

New Mailing Address:

FEI Number: 27-2007199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDEE, THOMAS R
431 SOUTHEAST ROBINWOOD DRIVE
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: HARDEE, THOMAS R
Address: 431 ROBINWOOD DRIVE
City-St-Zip: MADISON, FL 32340

Title: D
Name: SANDERS, TIM
Address: MADISON COUNTY COURTHOUSE
City-St-Zip: MADISON, FL 32340

Title: D
Name: PEAVY, JOE
Address: 5188 NORTH STATE ROAD 53
City-St-Zip: MADISON, FL 32340

Title: D
Name: RICHARDSON, ROSA
Address: 259 SOUTHEAST BAMBOO TRAIL
City-St-Zip: MADISON, FL 32340

Title: D
Name: HARRIS, KAY
Address: 5340 STATE ROAD 53 SOUTH
City-St-Zip: MADISON, FL 32340

Title: D
Name: SALE, JIM
Address: 369 NORTH WASHINGTON AVE
City-St-Zip: MADISON, FL 32340

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: THOMAS R. HARDEE

D

04/17/2012

Electronic Signature of Signing Officer or Director

Date