

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N24356**

1. Corporation Name

**TRENTON MEDICAL CENTER, INC.**

Principal Place of Business

C/O SCOTT GUTHRIE  
911 SOUTH MAIN ST  
TRENTON FL 32693  
US

Mailing Address

C/O SCOTT GUTHRIE  
P O BOX 640  
TRENTON FL 32693  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

**01/14/1988**

4. FEI Number

**59-2871302**

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

9. Name and Address of Current Registered Agent

GUTHRIE, SCOTT CEO  
911 SOUTH MAIN STREET  
P.O. BOX 640  
TRENTON FL 32693

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 T/D  
NAME WASSON, STEWART  
STREET ADDRESS 1084 N.W. 5TH ST  
CITY-ST-ZIP CHIEFLND FL 32626

TITLE V  
NAME FERGUSON, SAM  
STREET ADDRESS ROUTE 1, BOX 110-4  
CITY-ST-ZIP BELL FL 32619

TITLE D  
NAME HENLEY, JUAN  
STREET ADDRESS HWY 26 EAST  
CITY-ST-ZIP TRENTON FL 32693

TITLE S  
NAME DAY, CAROL  
STREET ADDRESS P O BOX 2098  
CITY-ST-ZIP CHIEFLND FL 32644

TITLE D  
NAME BRADLEY, CLIFTON  
STREET ADDRESS HWY 26  
CITY-ST-ZIP TRENTON FL

TITLE P  
NAME OSTEEN, GAIL  
STREET ADDRESS P.O. BOX 473 N/A  
CITY-ST-ZIP TRENTON FL 32693

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

*Gail M. Osteen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99

CR2E037 (11/98)