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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002799 (4)

1. Corporation Name

ST. JOHNS RIVER RURAL HEALTH NETWORK, INC.



Principal Place of Business

Mailing Address

% O. WILLIAM CRIPPEN, M.P.H.
301 SOUTH LEMON STREET
BUNNELL FL 32110

% FLAGLER COUNTY PUBLIC HEALTH UNIT
P. O. BOX 847
BUNNELL FL 32110-0847

3. Date Incorporated or Qualified
06/06/1994

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3246566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
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

10. Name and Address of New Registered Agent

PETERSON, CHARLENE J
501 SOUTH CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME CRIPPEN, WILLIAM O
STREET ADDRESS 301 SOUTH LEMON ST.
CITY-ST-ZIP BUNNELL FL 32110

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Crippen, O. William
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVS ☐ DELETE
NAME SORESEN, BONITA M.D.
STREET ADDRESS 501 SOUTH CLYDE MORRIS BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32114-2897

2.1 TITLE DV ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT ☒ DELETE
NAME RAINES, DAVID L
STREET ADDRESS STAR RT. 1, BOX 2
CITY-ST-ZIP BUNNELL FL 32110

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME DT
4.3 STREET ADDRESS Jacobson, Charles
4.4 CITY-ST-ZIP 2323 Curlew Road, Suite 7E
Palm Harbor, FL 34683

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME DS
5.3 STREET ADDRESS MacFadyen, Bonnie
5.4 CITY-ST-ZIP 701 West Plymouth Avenue
DeLand, FL 32720

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME DD
6.3 STREET ADDRESS Bob Paine
6.4 CITY-ST-ZIP Bunnell, FL 32110
301 S. Lemon St., P.O. Box 847

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0001803

CR2E037 (9/96)