

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 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 # N96000006601 (6)

1. Corporation Name
JOHN ALLEN HAMER, M.D. MEMORIAL FUND, INC.



Principal Place of Business: 1205 MAYTOWN ROAD OAK HILL FL 32759
Mailing Address: 1205 MAYTOWN ROAD OAK HILL FL 32759-9103

3. Date Incorporated or Qualified: 12/23/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3424815	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HURST, EDWARD E 1205 MAYTOWN ROAD OAK HILL FL 32789		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	M
STREET ADDRESS		1.3 STREET ADDRESS	Thomas N. Hamer
CITY - ST - ZIP		1.4 CITY - ST - ZIP	693 Green Meadow Ave Maitland, FL 32751
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	D
STREET ADDRESS		2.3 STREET ADDRESS	Edward E. Hurst
CITY - ST - ZIP		2.4 CITY - ST - ZIP	1205 Maytown Rd Oak Hill, FL 32759
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	Karen K. Hurst
CITY - ST - ZIP		3.4 CITY - ST - ZIP	1205 Maytown Rd Oak Hill, FL 32759
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	Carol R. Brunner
CITY - ST - ZIP		4.4 CITY - ST - ZIP	595 N. Nova Rd., Suite 202 Ormond Beach, FL 32174
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	Harold H. Kime
CITY - ST - ZIP		5.4 CITY - ST - ZIP	3501 Premier Dr Casselberry, FL 32707
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Edward E. Hurst Date: 3-19-97 (904) 345-1958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000024

CR2E037 (9/96)