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Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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. No. 5-15-98
John Allen Hamer, M.D. Memorial Foundation, Inc.



Principal Place of Business Mailing Address

1205 MAYTOWN ROAD OAK HILL FL 32759
1205 MAYTOWN ROAD OAK HILL FL 32759

3. Date Incorporated or Qualified
12/23/1996

4. FEI Number
59-3424815

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 693 GREEN MEADOW RD 26 OAK HURST CENTRE
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 23 MAITLAND, FLORIDA 27 1205 MAYTOWN ROAD
City & State City & State

24 32751 25 SEMINOLE 29 32759-9103 30 FLORIDA
Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

HURST, EDWARD E
1205 MAYTOWN ROAD
OAK HILL FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 ***61.25
84 City
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

TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	HAMER, THOMAS N.	
STREET ADDRESS	693 GREEN MEADOW AVE.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURST, EDWARD E.	
STREET ADDRESS	1205 MAYTOUM RD.	
CITY-ST-ZIP	OAK HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURST, KAREN K.	
STREET ADDRESS	1205 MAYTOUM RD.	
CITY-ST-ZIP	OAK HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUNNER, CAROL R.	
STREET ADDRESS	595 N. NOVA RD., STE. 202	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIME, HAROLD H.	
STREET ADDRESS	3501 PREMIER DR.	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Molina, Pete	
1.3 STREET ADDRESS	36820 Trudy Rd	
1.4 CITY-ST-ZIP	Fruitland Park, FL 34731	
2.1 TITLE	P/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hurst, Edward E.	
2.3 STREET ADDRESS	1205 maytown Rd	
2.4 CITY-ST-ZIP	Oak Hill, FL 32759	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hurst, Karen K.	
3.3 STREET ADDRESS	1205 maytown Rd	
3.4 CITY-ST-ZIP	Oak Hill, FL 32759	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Molina, Bill	
4.3 STREET ADDRESS	36820 Trudy Rd	
4.4 CITY-ST-ZIP	Fruitland Park, FL 34731	
5.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kime, Harold H.	
5.3 STREET ADDRESS	3501 Premier Dr.	
5.4 CITY-ST-ZIP	Casselberry, FL 32707	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Richardson, Jana	
6.3 STREET ADDRESS	225 S. Interlachen	
6.4 CITY-ST-ZIP	Winter Park, FL 32789	

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.

SIGNATURE: _____ Edward E. Hurst 4.23.98 (904) 345-1958

CR2E037 (10/97)

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wolfe, Dr. Darrell
1.3 STREET ADDRESS	710 S. Lake Shore Dr
1.4 CITY-ST-ZIP	Deer, FL 32761
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Reekford, Patricia
2.3 STREET ADDRESS	1423 Serissa Court
2.4 CITY-ST-ZIP	Orlando, FL 32818
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cote, Sherry
3.3 STREET ADDRESS	2220 Hibiscus Dr., Suite 4
3.4 CITY-ST-ZIP	Edgewater, FL 32141
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of

JOHN ALLEN HAMER, M.D. MEMORIAL FUND, INC.

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

ARTICLE I NAME
amended

The name of the corporation shall be:
JOHN ALLEN HAMER, MD. MEMORIAL FOUNDATION, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS
amended

The principal place of business is: 693 Green Meadow Ave.
Maitland, Florida 32751

The mailing address of the corporation is: Oak Hurst Centre'
1205 Maytown Road
Oak Hill, Florida 32759-9103

SECOND: The date of adoption of the amendment(s) was: April 23, 1998

THIRD: Adoption of Amendment (CHECK ONE)

- The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

JOHN ALLEN HAMER, M.D. MEMORIAL FUND, INC.

Corporation Name

Edward E. Hurst
Signature of Chairman, Vice Chairman, President or other officer

EDWARD E. HURST

Typed or printed name

President
Title

April 23, 1998
Date

FILED
98 MAY 15 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA