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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006601

1. Corporation Name
JOHN ALLEN HAMER, MD. MEMORIAL FOUNDATION, INC.

Principal Place of Business 693 GREEN MEADOW AVENUE MAITLAND FL 32751	Mailing Address OAK HURST CENTRE 1205 MAYTOWN ROAD OAK HILL FL 32759-9103
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/23/1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-3424815
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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. City	
		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	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLINA, PETE	1.2 NAME	Jarvis, Sherry Cate
STREET ADDRESS	36830 TRUDY RD.	1.3 STREET ADDRESS	602 Indian River Blvd., Suite 201
CITY-ST-ZIP	FRUITLAND PARK FL 34731	1.4 CITY-ST-ZIP	Edgewater, FL 32141
TITLE	P/M <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, EDWARD E.	2.2 NAME	
STREET ADDRESS	1205 MAYTOWN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL 32759	2.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, KAREN K.	3.2 NAME	
STREET ADDRESS	1205 MAYTOUM RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL 32759	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLINA, JILL	4.2 NAME	Beekford, Patricia
STREET ADDRESS	36830 TRUDY RD.	4.3 STREET ADDRESS	1423 Serissa Court
CITY-ST-ZIP	FRUITLAND PARK FL 34731	4.4 CITY-ST-ZIP	Orlando, FL 32818
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIME, HAROLD H.	5.2 NAME	
STREET ADDRESS	3501 PREMIER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, JANA	6.2 NAME	
STREET ADDRESS	225 S. INERLACHEN	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	6.4 CITY-ST-ZIP	

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: *Edward E. Hurst* **EDWARD E. HURST** 3-22-99 (904) 345-1958
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)