I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH FELKNER

Electronic Signature of Signing Officer/Director Detail

# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# 754003

Entity Name: CAPE CANAVERAL HOSPITAL FOUNDATION, INC.

### **Current Principal Place of Business:**

701 W COCOA BEACH CAUSEWAY COCOA BEACH, FL 32931

### **Current Mailing Address:**

6450 S US HWY 1 CORPORATE LEGAL DEPT ROCKLEDGE, FL 32955 US

### FEI Number: 59-2074733

#### Name and Address of Current Registered Agent:

ROMANELLO, NICHOLAS W. ESQ. 6450 S US HWY 1 CORPORATE LEGAL DEPT ROCKLEDGE, FL 32955 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	NICHOLAS W. ROMANELLO			04/03/2017	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PD	Title	S		
Name	FELKNER, JOSEPH G	Name	ROMANELLO, NICHOLAS W.		
Address	6450 S US HWY #1	Address	6450 S US HWY 1		
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955		

## Certificate of Status Desired: No

04/03/2017 Date

## FILED Apr 03, 2017 Secretary of State CC6574530081

PRESIDENT