

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:51

DOCUMENT # 701275

(0)

1. Corporation Name

WATSON CLINIC FOUNDATION, INC.

Principal Place of Business

1600 LAKELAND HILLS BLVD
LAKELAND FL 33805-3065

Mailing Address

1600 LAKELAND HILLS BLVD
LAKELAND FL 33805-3065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1960

3a. Date of Last Report

03/22/1994

4. FEI Number

59-1100876

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 192.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, DALE J
1600 LAKELAND HILLS BLVD
LAKELAND FL 33805

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	COLLINS, JOHN P	1600 LAKELAND HILLS BLVD LAKELAND FL	
D	MCINTOSH, HENRY D.	1600 LAKELAND HILLS BLVD LAKELAND FL	
STD	ANDERSON, DALE	1600 LAKELAND HILLS BLVD LAKELAND FL	
VP	SPOTO, ANGELO P.	1600 LAKELAND HILLS BLVD LAKELAND FL	
DC	BARDEN, GLEN A.	1600 LAKELAND HILLS BLVD LAKELAND FL	
P	CHAPMAN, ROBERT C	1600 LAKELAND HILLS BLVD. LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
☐ Change ☐ Addition			
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
☐ Change ☐ Addition			
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
☐ Change ☐ Addition			
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
☐ Change ☐ Addition			
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
☐ Change ☐ Addition			
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
☐ Change ☐ Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as changed, or on an amendment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #