FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 70

1998

701275

(0)

1. Corporation Name						
WATSON CLINIC FOUNDATION, INC.						
WATOON CLINIC FOUNDATION, INC.						L TANKTI OCOLO BOTRI (COLO REAL) STAGO OLIT ESOTE USOTE CIRI) OLOTO RICHE UTOTE ISOT
Principal Place of Business Mailing Address						
· -						
1600 LAKELAND HILLS BLVD 1600 LAKELAND HILLS BLVD					3. Date Incorporated or Qualified	
LAKELAND FL 33805-3065 LAKELAND FL 33805-3065						08/04/1960
						4. FEI Number Applied For
						59-1100876 Not Applicable
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired S8.75 Additional
21 26						Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
27						Trust Fund Contribution Added to Fees
City & State City & State						7. Is this nonprofit corporation a homeowners association?
23 28			1 0.			☐ Yes ☐ No
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Hegistered Agent		81	Mana	10. Name and Address of New Registered Agent
				۰۱	Name	
ANDERSON, DALE J			•	82	Street A	ddress (P.O. Box Number is Not Acceptable)
1600 LAKELAND HILLS BLVD			}	83		
LAKELAND FL 33805				~		
				84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Stat	utes, the at	ove	-named c	corporation submits this statement for the purpose of changing its registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617.0503, I	s authorized Florida Stati	a by utes.	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable (N	TE: Benisteren	l Amer	nt signature re	equired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 70	LE		P Change 💢 Additio
NAME	HARWELL, CHRISTOPHER C.		1.2 NA	MF	1	Flax, Steven T.
STREET ADORESS	1600 LAKELAND HILLS BOUL				- 1	1600 Lakeland Hills Boulevard
	LAKELAND FL	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Lakeland, FL 33805
CITY-ST-ZIP	n	D FL 1.4 G				VP X Change Additio
TITLE		- DETER				Chapman, Robert H.
NAME	MCINTOSH, HENRY D.		2.2 NA			1600 Lakeland Hills Blvd.
STREET ADDRESS					- 1	
CITY-ST-ZIP	LAKELAND FL	DELETE	2. 4 Cl		T-ZIP	Lakeland, FL 33805
TITLE	STD	T DETELE	3.1 111			- - • • -
NAME	ANDERSON, DALE		3.2 NA		1	Towne, Dudley P.
Street Address	1600 LAKELAND HILLS BLVD				ADDRESS	1600 Lakeland HIIIs Blvd.
CITY-ST-ZIP	LAKELAND FL	PSN	3.4. CI		T-ZIP	Lakeland, FL 33805
TITLE	VP	X DELETE	4.1 717			Change Additio
NAME	SPOTO, ANGELO P.		4, 2 N			
STREET ADDRESS	A NUMBER AND DE			4.3 STREET ADDRESS		promise control of the second
City-St-ZiP	LAKELAND FL		4.4 CI		- ZIP	Change Addition
TITLE	DC	DELETE	5.1 TIT			Change Additio
NAME	BARDEN, GLEN A.		5.2 NA			
STREET ADDRESS	1600 LAKELAND HILLS BLVD		5.3 ST	REET A	ADDRESS	
CITY-ST-ZIP	LAKELAND FL		5.4 CI	TY-ST	- ZIP	
TITLE	Ρ	DELETE	6.1 TIT	Œ		Change Additio
į						
NAME	CHAPMAN, ROBERT C		6.2 NA	ME		
NAME STREET ADDRESS	CHAPMAN, ROBERT C 1600 LAKELAND HILLS BLVD	•			ADDRESS	

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 of 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, of the analysis of the same legal effect as if made under oath; that I am an officer or director of the corporation of 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, of the same legal effect as if made under oath; that I am an officer or director of the corporation of 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, of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes.

SIGNATURE:

1/22/98 64 680-71/3

FILED

Feb 06 1998 8:00am

Secretary of State

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