SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $196 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:50

DOCUMENT # **705385** **(3)**

1. Corporation Name

FORT PIERCE MEMORIAL HOSPITAL SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business	Mailing Address
1700 SOUTH 23RD STREET P.O. BOX 188 FORT PIERCE FL 34954	1700 SOUTH 23RD STREET P.O. BOX 188 FORT PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1963
3a. Date of Last Report: 08/30/1994
4. FEI Number: 59-0651084 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

FEE,FRANK H III ESQ.
401-A S. INDIAN RIVER DRIVE
FT PIERCE FL 33450

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	KING, BASIL L.	12 NAME	
STREET ADDRESS	1013 N. 12TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, FRED	22 NAME	
STREET ADDRESS	334 S.E. NARANJA AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CAMBRON, C.R.	32 NAME	
STREET ADDRESS	2210 SOUTH 10TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ABERNETHY, BRUCE	42 NAME	
STREET ADDRESS	5807 S. INDIAN RIVER DR	43 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GATES, PHILIP C., SR	52 NAME	
STREET ADDRESS	2323 S. INDIAN RIVER DR	53 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MOSRIE, DAVID	62 NAME	
STREET ADDRESS	5807 S. INDIAN RIVER DR.	63 STREET ADDRESS	
CITY-ST-ZIP	FT.PIERCE FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: Basil L King 7 July 95 407-461-4910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0617187