

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90495 031 \*\*\*\*61.25

**DOCUMENT # 705385**

1. Entity Name

**FORT PIERCE MEMORIAL HOSPITAL SCHOLARSHIP FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**905 IBIS AVE  
 FORT PIERCE FL 34982**

**FPMH  
 P.O. BOX 12998  
 FORT PIERCE FL 34979**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0651084**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEE, FRANK H III, ESQ  
 401 SOUTH INDIAN RIVER DRIVE  
 FT PIERCE FL 34950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **CD**  
 STREET ADDRESS **KING, BASIL L**  
 CITY-ST-ZIP **1013 N. 12TH STREET  
 FT PIERCE FL 34950**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **STD**  
 STREET ADDRESS **JOHNSTON, FREDERICK T**  
 CITY-ST-ZIP **334 S.E. NARANJA AVENUE  
 PORT ST. LUCIE FL 34952**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **CAMBRON, C. ROBERT M.D.**  
 CITY-ST-ZIP **715 LAGOON ROAD  
 VERO BEACH FL 32960**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **ABERNETHY, BRUCE**  
 CITY-ST-ZIP **5807 S. INDIAN RIVER DR  
 FT PIERCE FL 34982**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **GATES, PHILIP C SR**  
 CITY-ST-ZIP **2323 S. INDIAN RIVER DR  
 FT PIERCE FL 34982**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ALLEN, BARBARA**  
 CITY-ST-ZIP **281 MARINA DRIVE  
 FT. PIERCE FL 34949**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment # 705385  
769371

*Additions*

**BASIL L. KING SCHOLARSHIP FOUNDATION  
(formerly FORT PIERCE MEMORIAL HOSPITAL SCHOLARSHIP ASSOCIATION)**

**BOARD OF DIRECTORS**

<u>NAME</u>	<u>HOME ADDRESS</u>
ABERNETHY Jr., BRUCE Director	2400 S. Ocean Drive Coral #1113 Fort Pierce, Florida 34982
BENTON, MARGARET Director	800 Virginia Avenue, Suite 10 Fort Pierce, Florida 34982
DONELSON, BILL Director	3545 Martha's Lane Vero Beach, Florida 32967
HAISLEY, JIMMIE ANNE Director	3600 N. Milton Road St. Lucie Village, Florida 34946
HARRIS, CRAIG Executive Director	1769 Coral Way North Vero Beach, Florida 32963
VOGEL, WILLIAM Director	4200 N. A1A, Apt. 815 B Fort Pierce, Florida 34949
DIPALMA, GRACE Assistant Secretary	905 Ibis Avenue Fort Pierce, Florida 34982

*Additions*