


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 708122 (7) 1. Corporation Name HEART OF FLORIDA HOSPITAL ASSOCIATION, INC.					
Principal Place of Business 310 S 10TH STREET PO BOX 67 HAINES CITY FL 33844			Mailing Address 310 S 10TH STREET PO BOX 67 HAINES CITY FL 33844-5602		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/17/1964	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 02/09/1996	
City & State 23		City & State 28		4. FEI Number 59-1097573	
Zip 24		Country 25		Applied For <input type="checkbox"/> Not Applicable	
Country 29		Zip 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MAHAFFEY, ROBERT G. 301 S. 10TH STREET HAINES CITY FL 33844		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CT	<input type="checkbox"/> DELETE			
NAME	PRATT, JEAN				
STREET ADDRESS	101 FAIRWAY DRIVE				
CITY-ST-ZIP	HAINES CITY FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	WHITE, JAMES				
STREET ADDRESS	POST OFFICE BOX 1484				
CITY-ST-ZIP	HAINES CITY FL				
TITLE	VCT	<input type="checkbox"/> DELETE			
NAME	DEWELL, JOHN (JUDGE)				
STREET ADDRESS	913 HILL DRIVE				
CITY-ST-ZIP	HAINES CITY FL				
TITLE	TS	<input type="checkbox"/> DELETE			
NAME	DAVIS, MARY A.				
STREET ADDRESS	309 S. 14TH STREET				
CITY-ST-ZIP	HAINES CITY FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	PINNER, ERNEST S.				
STREET ADDRESS	54 PINE FOREST DRIVE				
CITY-ST-ZIP	HAINES CITY FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	HOLT, WILLIAM				
STREET ADDRESS	133 ARROWHEAD LANE				
CITY-ST-ZIP	HAINES CITY FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (9/96)

14. I do 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 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.