


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

**11/17/1964**

4. FEI Number

**59-1097573**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**P.O. Box 188**

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

**21** Suite, Apt. #, etc.  
**22 7722 S.R. 544 East**  
City & State

Suite, Apt. #, etc.

**27** City & State  
**28 Haines City, FL**

**23 Winter Haven, FL**  
Zip Country

**29 33845** **30 USA**

**24 33881** **25 USA**

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**  
**George H. Carefoot**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**7722 S.R. 544 East**  
**83**  
**84 City**  
**Winter Haven** **FL** **85 Zip Code**  
**33881**

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

*George H. Carefoot*  
Signature typed or printed name of registered agent and title if applicable

**George H. Carefoot, Treasurer**

**04/28/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE** **CT**  
**NAME** **PRATT, JEAN**  
**STREET ADDRESS** **101 FAIRWAY DRIVE**  
**CITY-ST-ZIP** **HAINES CITY FL**

**TITLE** **T**  
**NAME** **WHITE, JAMES**  
**STREET ADDRESS** **POST OFFICE BOX 1484**  
**CITY-ST-ZIP** **HAINES CITY FL**

**TITLE** **VCT**  
**NAME** **DEWELL, JOHN (JUDGE)**  
**STREET ADDRESS** **913 HILL DRIVE**  
**CITY-ST-ZIP** **HAINES CITY FL**

**TITLE** **TS**  
**NAME** **DAVIS, MARY A.**  
**STREET ADDRESS** **309 S. 14TH STREET**  
**CITY-ST-ZIP** **HAINES CITY FL**

**TITLE** **T**  
**NAME** **PINNER, ERNEST S.**  
**STREET ADDRESS** **54 PINE FOREST DRIVE**  
**CITY-ST-ZIP** **HAINES CITY FL**

**TITLE** **T**  
**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** **T/D** ☐ Change ☒ Addition  
**1.2 NAME** **George H. Carefoot**  
**1.3 STREET ADDRESS** **313 Hamilton Shore Dr. N.E.**  
**1.4 CITY-ST-ZIP** **Winter Haven, FL 33881**

**2.1 TITLE** **D** ☐ Change ☒ Addition  
**2.2 NAME** **William K. Pou, Jr.**  
**2.3 STREET ADDRESS** **903 U.S. Hwy 27 N.**  
**2.4 CITY-ST-ZIP** **Haines City, FL 33844**

**3.1 TITLE** **C/D** ☐ Change ☒ Addition  
**3.2 NAME** **Ralph Stalnaker**  
**3.3 STREET ADDRESS** **15 Canterbury Dr.**  
**3.4 CITY-ST-ZIP** **Haines City, FL 33844**

**4.1 TITLE** **D** ☒ Change ☐ Addition  
**4.2 NAME** **Jean Pratt**  
**4.3 STREET ADDRESS** **101 Fairway Drive**  
**4.4 CITY-ST-ZIP** **Haines City, FL 33844**

**5.1 TITLE** **D** ☒ Change ☐ Addition  
**5.2 NAME** **James White**  
**5.3 STREET ADDRESS** **P.O. Box 1484/"NA"**  
**5.4 CITY-ST-ZIP** **Haines City, FL 33845**

**6.1 TITLE** **D** ☒ Change ☐ Addition  
**6.2 NAME** **John Dewell (Judge)**  
**6.3 STREET ADDRESS** **913 Hill Drive**  
**6.4 CITY-ST-ZIP** **Haines City, FL 33844**

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 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:

*George H. Carefoot*

**George H. Carefoot, Treasurer 04/28/98**

CR2E037 (10/97)

Title: S/D  
Name: Mary A. Davis  
Street Address: 309 S. 14th Street  
City-St-Zip: Haines City, FL 33844

Change

Title: D  
Name: Ernest S. Pinner  
Street Address: 54 Pine Forest Drive  
City-St-Zip: Haines City, FL 33844

Change

Title: D  
Name: William Holt  
Street Address: 133 Arrowhead Lane  
City-St-Zip: Haines City, FL 33844

Change