


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712822** (6)
1. Corporation Name
WINTER PARK MEMORIAL HOSPITAL ASSOCIATION, INC.



Principal Place of Business 1870 ALOMA DR SUITE 200 WINTER PARK FL 32789 US		Mailing Address P.O. BOX 2647 SUITE 202 WINTER PARK FL 32790-2647 US		3. Date Incorporated or Qualified 05/26/1967	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-0669460	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ASHMORE, PATRICIA M. 1870 ALOMA AVENUE SUITE 200 WINTER PARK FL 32789				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNES, JAMES T. JR.			1.2 NAME			
STREET ADDRESS	1031 W. MORSE BLVD. #300			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASHMORE, PATRICIA M.			2.2 NAME			
STREET ADDRESS	1870 ALOMA AVENUE, SUITE 200			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRENN, KAREN L.			3.2 NAME	CD		
STREET ADDRESS	118 E JEFFERSON ST			3.3 STREET ADDRESS	WRENN, KAREN L.		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	118 E. JEFFERSON ST.		
TITLE	TSD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, WAYNE J			4.2 NAME			
STREET ADDRESS	761 PINE TREE ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	VD		
STREET ADDRESS				5.3 STREET ADDRESS	GRAMMER, LESLIE C., JR.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	333 TRISMEN TERRACE		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	TSD		
STREET ADDRESS				6.3 STREET ADDRESS	POOLE, MICHAEL W.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	222 W. COMSTOCK AVE., #200		

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: PATRICIA M. ASHMORE SIGNATURE REQUIRED: PATRICIA M. ASHMORE, PRESIDENT 644-2300

CR2E037 (10/97)