FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY -1 PM 1:14

DOCUMENT # 718156 (3)

1. Corporate Name

WINTER HAVEN HOSPITAL DEVELOPMENT FOUNDATION, IN C.

Principal Place of Business	Mailing Address
116 AVENUE E. NE WINTER HAVEN FL 33881-4160	116 AVENUE E. NE WINTER HAVEN FL 33881-4160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1970
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1294097 ☐ 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 ☐ **$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

ANASTASIO, LANCE W.
200 AVENUE F NORTHEAST
WINTER HAVEN, FL
33881

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X Lance Anastasio 3-28-95
(Signature, name or printed name of registered agent and the date) (NOTE: Registered Agent signature required when reinstated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.		
1 TITLE	CD	11 TITLE	CD	☐ Change ☐ Addition
2 NAME	~~PINES, JACK~~	12 NAME	LANDERS, ROBERT	
3 STREET ADDRESS	~~1661 WILLIAMSBURG SQ~~	13 STREET ADDRESS	5001 S. FLORIDA AVE	
4 CITY ST ZIP	~~LAKELAND FL~~	14 CITY ST ZIP	LAKELAND, FL 33813	
5 TITLE	VCD	21 TITLE	VCD	☒ Change ☐ Addition
6 NAME	~~TURNER, ROBERT C~~	22 NAME	OAKLEY, LYNN	
7 STREET ADDRESS	~~699 W. LAKE OTIS DR.~~	23 STREET ADDRESS	2414 BERKSHIRE LN SE	
8 CITY ST ZIP	~~WINTER HAVEN FL~~	24 CITY ST ZIP	WINTER HAVEN, FL 33880	
9 TITLE	VDC	31 TITLE	VDC	☒ Change ☐ Addition
10 NAME	~~LANDERS, ROBERT~~	32 NAME	REYNOLDS, WILLIAM	
11 STREET ADDRESS	~~1244 SUMMIT CHASE DR.~~	33 STREET ADDRESS	259 HERNANDO ROAD,SE	
12 CITY ST ZIP	~~LAKELAND FL~~	34 CITY ST ZIP	WINTER HAVEN, FL 33884	
13 TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
14 NAME	~~HUBBELL, PEGGY~~	42 NAME	INGRAM, DON	
15 STREET ADDRESS	~~1600 LAKE MIRROR DR.~~	43 STREET ADDRESS	1502 DUNDEE ROAD	
16 CITY ST ZIP	~~WINTER HAVEN FL~~	44 CITY ST ZIP	WINTER HAVEN, FL 33884	
17 TITLE	SD	51 TITLE	SD	☒ Change ☐ Addition
18 NAME	~~ADAMS, CHARLES W~~	52 NAME	DUNSON, BARBARA (JILL)	
19 STREET ADDRESS	~~1321 MIRROR TERR.~~	53 STREET ADDRESS	129 N. LAKE FLORENCE DR	
20 CITY ST ZIP	~~WINTER HAVEN FL~~	54 CITY ST ZIP	WINTER HAVEN, FL 33884	
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP		

REMIT $155.00 BY MAY 1

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: Lance W. Anastasio X Lance Anastasio 3-28-95 813-293-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0068881