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Jan 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 # 718156 (3)

1. Corporation 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 33881-4125



3. Date Incorporated or Qualified
04/07/1970

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME LANDERS, ROBERT
STREET ADDRESS 5001 S FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL

☒ DELETE

TITLE VCD
NAME OAKLEY, LYNN
STREET ADDRESS 2414 BERKSHIRE LN SE
CITY-ST-ZIP WINTER HAVEN FL

☐ DELETE

TITLE VDC
NAME REYNOLDS, WILLIAM
STREET ADDRESS 259 HERNANDO ROAD SE
CITY-ST-ZIP WINTER HAVEN FL

☐ DELETE

TITLE TD
NAME INGRAM, DON
STREET ADDRESS 1502 DUNDEE ROAD
CITY-ST-ZIP WINTER HAVEN FL

☐ DELETE

TITLE SD
NAME DUNSON, BARBARA (JILL)
STREET ADDRESS 129 N LAKE FLORENCE DR.
CITY-ST-ZIP WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE CD & VCD
1.2 NAME OAKLEY, LYNN
1.3 STREET ADDRESS 2414 BERKSHIRE LN SE
1.4 CITY-ST-ZIP WINTER HAVEN, FL 33884

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

Date

(941) 297-1899

Daytime Phone # 0064597

CR2E037 (9/96)