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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 # **718695** **(0)**

1. Corporation Name
TARPON SPRINGS HOSPITAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1395 SOUTH PINELLAS AVENUE PO BOX 1487 TARPON SPRINGS FL 34688-1487 US	1395 SOUTH PINELLAS AVENUE PO BOX 1487 TARPON SPRINGS FL 34688-1487 US

3. Date Incorporated or Qualified: 06/23/1970
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-0898901 ☐ 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

KIEFER, JOSEPH N.
1395 SOUTH PINELLAS AVENUE
POST OFFICE BOX 1487
TARPON SPRINGS FL 34689

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	VINSON, DANIEL B		1.2 NAME	Donald E. Withers	
STREET ADDRESS	456 EAST TARPON AVE		1.3 STREET ADDRESS	1815 Golfview Drive	
CITY-ST-ZIP	TARPON SPRING FL		1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LEE, CLOY B		2.2 NAME	George Nicholas	
STREET ADDRESS	4533 MARINE PARKWAY, #103		2.3 STREET ADDRESS	160 E. Lemon Street	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	P/D	☐ DELETE	3.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME	GARNER, LESTER		3.2 NAME	William J. Clement	
STREET ADDRESS	504 HILLCREST AVENUE		3.3 STREET ADDRESS	1151 Lancer Lane West	
CITY-ST-ZIP	TARPON SPRINGS, FL 00000		3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HOPE, GLORIA R.N. P		4.2 NAME	Joseph Lisciandro	
STREET ADDRESS	900 PENINSULA AVE		4.3 STREET ADDRESS	3520 Beacon Square Drive	
CITY-ST-ZIP	TARPON SPRINGS FL		4.4 CITY-ST-ZIP	Holiday, FL 34690	
TITLE	VP/D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SPENLAU, RONALD		5.2 NAME	Joseph N. Kiefer	
STREET ADDRESS	1420 SUNSET RD		5.3 STREET ADDRESS	1395 S. Pinellas Ave.	
CITY-ST-ZIP	TARPON SRPINGS FL		5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EILAND, DOUGLAS M.D.		6.2 NAME		
STREET ADDRESS	1395 S PINELLAS AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		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.

SIGNATURE: Joseph N Kiefer Joseph N. Kiefer 1/9/97 813-942-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068905