

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # 723106 (1)
1. Corporation Name

INDIAN RIVER HOSPITAL FOUNDATION, INC.



Principal Place of Business: 1000-36TH STREET VERO BEACH FL 32960
Mailing Address: 1000-36TH STREET VERO BEACH FL 32960

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/20/1972	05/01/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-0760215	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
O'GRADY, MICHAEL J. JR. 1000-36TH STREET VERO BEACH FL 32960				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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	P	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	
NAME	HOUT, DONALD M			1.2 NAME	HOUT, DONALD M., JR.		
STREET ADDRESS	100 OCEAN ROAD, APT 112			1.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			1.4 CITY-ST-ZIP	ZIP = 32963		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARCOURT, AMORY J			2.2 NAME	AMORY, HARCOURT, JR.		
STREET ADDRESS	5680 NORTH A1A, APT. 107			2.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			2.4 CITY-ST-ZIP	ZIP = 32963		
TITLE	TS	<input type="checkbox"/> DELETE		3.1 TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, BRUCE W			3.2 NAME			
STREET ADDRESS	1250 W. SOUTHWINDS BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			3.4 CITY-ST-ZIP	ZIP = 32963		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOUT, DONALD M JR			4.2 NAME	JOHNSON, RICHARD H.		
STREET ADDRESS	100 OCEAN RD, APT 112			4.3 STREET ADDRESS	133 PARK SHORES CIRCLE 3E		
CITY-ST-ZIP	VERO BCH FL			4.4 CITY-ST-ZIP	VERO BEACH, FL 32963		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	S/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AMORY, HARCOURT J			5.2 NAME	JOHNSON, RICHARD H.		
STREET ADDRESS	5680 NO A1A, APT 107			5.3 STREET ADDRESS	1000 36TH STREET		
CITY-ST-ZIP	VERO BCH FL			5.4 CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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)(k), 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: Richard H. Johnson 1-29-96 (407) 567-4311, _____ DATE: _____ DAYTIME PHONE: _____

CR2E037 (12/95)