

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

DOCUMENT # 731624 (3)  
1. Corporation Name  
ST. JOHNS COUNTY HEALTH AUTHORITY, INC.



Principal Place of Business Mailing Address  
P.O. BOX 12000 JACKSON MS 39236 P.O. BOX 12000 JACKSON MS 39236

3. Date Incorporated or Qualified 01/16/1975 3a. Date of Last Report 08/28/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1668344	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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

PAFFORD, HILDRED  
51 SUNRISE BLVD.  
ST. AUGUSTIN FL 32084

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD	1.1 TITLE	
NAME	CHITWOOD, DANIEL	1.2 NAME	
STREET ADDRESS	925 LEW BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	DUNBAR, CHAUNCEY R	2.2 NAME	
STREET ADDRESS	2339 TIFFANY CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLORENCE MS 39073	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	TULLY, D R	3.2 NAME	
STREET ADDRESS	54 AVISTA CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	
NAME	BAILEY, JOHN D	4.2 NAME	
STREET ADDRESS	69 AVEISTA CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Chauncey R Dunbar Sec

5/1/96

601-2956-1013

Date

Daytime Phone #

CR2E037 (12/95)