

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 10 1997 8:00 am
Secretary of State

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 39236-2000

3. Date Incorporated or Qualified
01/16/1975

3a. Date of Last Report
05/01/1996

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

4. FEI Number
59-1668344

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

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

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

Chauncey R Dunbar
Signature, typed or printed name of registered agent and title if applicable.

CHAUNCEY R DUNBAR
(NOTE: Registered Agent signature required when reinstating)

4/4/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHITWOOD, DANIEL
STREET ADDRESS 925 LEW BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32084

☐ DELETE

TITLE VD
NAME DUNBAR, CHAUNCEY R
STREET ADDRESS 2339 TIFFANY CIR.
CITY-ST-ZIP FLORENCE MS 39073

☐ DELETE

TITLE TD
NAME TULLY, D R
STREET ADDRESS 64 AVISTA CIR
CITY-ST-ZIP ST AUGUSTINE FL 32084

☐ DELETE

TITLE VS
NAME BAILEY, JOHN D
STREET ADDRESS 69 AVEISTA CIR
CITY-ST-ZIP ST AUGUSTINE FL 32084

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Chauncey R Dunbar
Signature, typed or printed name of registered agent and title if applicable.

4/4/97

601-956-1013

CR2E037 (9/96)