


FILE NOW: FILING FEE IS \$61.25

FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 P.O. BOX 12000 JACKSON MS 39236			Mailing Address P.O. BOX 12000 JACKSON MS 39236-2000		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1975		3a. Date of Last Report 4/4/97	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FE Number 59-1668344		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAFFORD, HILDRED 51 SUNRISE BLVD. ST. AUGUSTINE, FL 32084				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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. (are required when reissuing)

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 <input type="checkbox"/> DELETE				1.1 TITLE 1.2 NAME DANIELS, JOHN W. 1.3 STREET ADDRESS 61 AVISTA CIRCLE 1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE VD NAME DUNBAR, CHAUNCEY R STREET ADDRESS 2339 TIFFANY CIR. CITY-ST-ZIP FLORENCE MS 39073 <input checked="" type="checkbox"/> DELETE				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE TD NAME TULLY, D R STREET ADDRESS 54 AVISTA CIR CITY-ST-ZIP ST AUGUSTINE FL 32084 <input type="checkbox"/> DELETE				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE VS NAME BAILEY, JOHN D STREET ADDRESS 69 AVISTA CIR CITY-ST-ZIP ST AUGUSTINE FL 32084 <input type="checkbox"/> DELETE				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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.