

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 11:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 735050

(7)

1. Corporation Name

**THE SARASOTA MEMORIAL HOSPITAL CENTURY FOUNDATION
N. INC.**

Principal Place of Business

Mailing Address

**1638 WALDEMERE ST
SARASOTA FL 34239-2919**

**1638 WALDEMERE ST
SARASOTA FL 34239-2919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/25/1976

3a. Date of Last Report
04/05/1994

4. FBI Number
51-0180568

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$6.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**BERTEAU, JOHN T. ESQ.
WILLIAMS PARKER HARRISON DIETZ & GETZEN
1550 RINGLING BLVD.
SARASOTA, FL 34236**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
ROTHENBERG, HARVEY
433 MEADOW LARK DR.
SARASOTA FL 34236**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DAVIDSON, JOHN B.
8324 SANDERLING RD
SARASOTA FL 34242**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
NATHERSON, RUSSELL
1801 GLENGARY ST.
SARASOTA FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ROYAL, RON A.
1838 WALDEMERE STREET
SARASOTA FL 34239**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCD
MURPHY, CHARLES O.
1800 2ND STREET
SARASOTA FL 34236**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DICKINSON, PATRICK H.
1750 RINGLING BLVD.
SARASOTA FL 34236**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
S/T ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
T ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
T ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
P ☒ Change ☐ Addition
**Staecker, Alexandra, Q
1838 Waldemere Street
Sarasota, FL 34239**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
C/T ☒ Change ☐ Addition
**Rod B. MacLeod, Esq.
720 South Orange Avenue
Sarasota, FL 34236**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
V/T ☒ Change ☐ Addition
**Frederick L. Moffat, M.D.
7236 Pine Needle Road
Sarasota, FL 34242**

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alexandra Staecker Alexandra Staecker 5/27/95 (813) 917-1286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

735050

**SARASOTA MEMORIAL HOSPITAL
CENTURY FOUNDATION**

Board of Trustees Continued

T/T

**William B. Hiron
375 MacEwen Drive
Osprey, FL 34229**

T

**Arthur M. Wood, Jr.
Northern Trust Bank
1515 Ringling Boulevard
Sarasota, FL 34236**

T

**Harvey J. Abel, Esq.
222 Beach Road
Sarasota, FL 34242**

T

**David S. Allen
1814 Roland Street
Sarasota, FL 34231**

T

**George A. Bishopric, M.D.
1950 Arlington Street, Suite 304
Sarasota, FL 34239**

T

**Douglas K. Chapman
Malvern Oaks
100 Osprey Point Drive
Osprey, FL 34229**

T

**Clifford Drake
7333 Turnstone Road
Sarasota, FL 34242**

735050

T	Ross Goble, Ph.D. 76 Osprey Point Drive Osprey, FL 34229
T	Lee S. Harris, M.D. 1200 Quail Drive Sarasota, FL 34231
T	Elizabeth G. Lindsay 1460 Gulfview Drive Sarasota, FL 34236
T	Richard Malkin, M.D. 1961 Floyd Street, Suite B Sarasota, FL 34239
T	Carolyn Piano 1800 Second Street, Suite 797 Sarasota, FL 34236
T	Ernest F. Rice 454 Meadow Lark Drive Sarasota, FL 34236
T	Amb. William B. Schwartz 1211 Gulf of Mexico Drive, Apt. 1002 Longboat Key, FL 34228
T	Beverly Stackler 77 Osprey Point Drive Osprey, FL 34229

735050

T

Donna Wolf Steigerwaldt
5271 Everwood Run
Sarasota, FL 34235

T

Robert J. Stemmermann
1819 Main Street
Sarasota, FL 34230

T

Charles E. Stottlemeyer
1290 Palm Avenue, Suite 1
Sarasota, FL 34236