FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:31

DOCUMENT # 746223 (7)

1. Corporation Name
JACKSON HOSPITAL FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ELLIS, CHRLES N. POST OFFICE BOX 1608/4250 HOSPITAL DR MARIANNA FL 32446	ELLIS, CHRLES N. POST OFFICE BOX 1608/4250 HOSPITAL DR MARIANNA FL 32446

3. Date Incorporated or Qualified: 03/13/1979
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-1960022 ☐ 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
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ELLIS, CHARLES N.
4250 HOSPITAL DRIVE
MARIANNA FL 32446

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 CHARLES N ELLIS 1-17-95
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	PRESIDENT/DIRECTOR	☐ Change X ☐ Addition
NAME	TOMAN, JOE	1.2 NAME	PEGGY GAY	
STREET ADDRESS	3076 WALNUT LANE	1.3 STREET ADDRESS	4522 DEER RUN	
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	D	2.1 TITLE	SEC/TREAS	☐ Change ☐ Addition
NAME	FUQUA, VICKI	2.2 NAME	RICHARD G. BRUNNER,MD	
STREET ADDRESS	4938 FLYNT DR	2.3 STREET ADDRESS	4415 LUCIEN STREET,MARIANNA, FL 32446	
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	DIRECTOR	☐ Change ☐ Addition X
NAME	RUSS, LUCY	3.2 NAME	SONNIE BRONSON	
STREET ADDRESS	JACK RUSS RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	4110 LONG ST, MARIANNA, FL 32448	
TITLE	D	4.1 TITLE	DIRECTOR	☐ Change X ☐ Addition X
NAME	GRANT, BARBARA	4.2 NAME	CATHERINE SANDIFER	
STREET ADDRESS	425 RIVER RD	4.3 STREET ADDRESS	5095 OLD HICKORY CIRCLE	
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GORTEMOLLER, MACKY	5.2 NAME		
STREET ADDRESS	3070 WALNUT LN	5.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP		
TITLE	ED	6.1 TITLE		☐ Change ☐ Addition
NAME	HAND, BETTY J	6.2 NAME		
STREET ADDRESS	4334 SEOND AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL	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)(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: Peggy Joyce Hand, Executive Director January 17, 1995 904-526-2200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone # 4-1401

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