2-27-97 B-2428C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # 746223

(7)

JACKSON HOSPITAL FOUNDATION, INC.

| Principal Plan | ea of Businese | Mailing Address | | | | | |
|---|--|--|---|---|--|---------------------------------------|---|
| Principal Place of Business ELLIS. CHRICES N. WOOTEN RICLIAND L. POST OFFICE BOX 1608/4250 HOSPITAL DR MARIANNA FL 32446 | | ELLIS. CHRIEG N.— Wooden Richard L. POST OFFICE BOX 1608/4250 HOSPITAL DR MARIANNA FL 32446-1839 | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| MANIANNA FL 3 | 2440 | MARIARINA FL 32940-1809 | | | 3. Date Incorporated or Qualified 03/13/1979 | 3a. Date of Last F 02/05/199 | |
| Principal Place of Business The state of Business The state of Business | | 28. Mailing Address 26 | | 4. FEI Number Applied Fo 59-1960022 Not Applied | | pplied For ot Applicable | |
| Suite, Apt #, etc | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | Additional lequired | |
| City & Stat | le e | City & State | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | Country | / | 8. This corporation has liability for in | ntangibie tay under s | s. 199.032, |
| 24 | 25 | 29 | 30 | | Florida Statutes | Yes 🛂 No | |
| | 9. Name and Address of Current | Registered Agent | | T .: | 10. Name and Address of New Reg | jistered Agent | |
| | | | 81 | Name | | | |
| | I, RICHARD L SPITAL DRIVE | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | IA FL 32446 | | 63 | | | | |
| | * | | 84 | City | | FL 85 Zip | Code |
| 11. Pursuant office or ragent. La | to the provisions of Sections 617,0502 registered agent, or both, in the State of Implementation of Sections 1 and | and 617.1508, Florida State of Florida. Such change was ions of, Section 617.0503, F | utes, the above authorized by Florida Statute | e-named cor y the corpora s. | poration submits this statement for the pution's board of directors. I hereby accep | urpose of changing i | ts registered registered |
| SIGNATURE | | | | | | | |
| | Signature typed or printed name of registered agen | | · · · · · · · · · · · · · · · · · · · | ent signature requ | ired when reinstating) | DATE | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | · · · · · · · · · · · · · · · · · · · | |
| TITLE | PD PROOF | □ pereie | 1.1 TITLE | 0 | | ☐ Change | Addition |
| NAME | GAY, PEGGY | | 1.2 NAME | | oseph A Toman ozo walnut LANE | | |
| STREET ADDRESS | 4522 DEER RUN | | | - 1000 | · · | | |
| CHY-ST-ZIP THYLE | MARIANNA FL 32446 VP | DELETE | 1.4 CITY-5 2 1 TITLE | D D | Arianna.Fl 32446 | Change | X Addition |
| NAME | COUTURIER, LINDA | — DEEE.16 | 2.2 NAME | | etty Pathis | L. Change | LA Monton |
| • | PO BOX 512, HUNTER FISH RE | • | 2.3 STREET | 1 - | 1761 Jeccerson St | | |
| CITY-S1-ZIP | MAIRIANNA FL 32 | | 2. 4 CITY- | | Aranna, FI 32446 | | |
| TITLE | D | [] LETE | 3.1 TITLE | C |) | Change | Addition |
| NAME | BRONSON, SONNY | | 3.2 NAME | <u>/ñ</u> | r Harold Gregg | | / |
| STREET ADDRESS | 4110 LONG STREET | | 3.3 STREET | | 053 4th Street | | |
| CITY-S1-ZIP | MARIANNA FL 321 | 146 | 3.4. CITY- | | nananna, Pl 32446 | | |
| TITLE | ST | DELETE | 4.1 TITLE | | · · | Change | Addition |
| NAME | SANDIFER, CATHERINE | | 4. 2 NAME | 5 | am Smith 100 Deer Haven & | | • |
| STREET ADDRESS | l | | 4.3 STREET | ADDRESS 5 | 100 Deer Haven ct | | |
| CITY - ST - ZIP | MARIANNA FL 5 | 2446 | 4.4 CITY - 5 | ST-ZIP T | narianne Fl 32446 | | |
| TITLE | D |) JELETE | 5.1 TITLE | C |) | ☐ Change | Addition A |
| NAME | GORTEMOLLER, MACKY | | 5.2 NAME | | of wefel | <u>.</u> | |
| STREET ADDRESS | 3070 WALNUT LN | | 5.3 STREET | | 945 madison stud | | |
| CITY-ST-ZIP | | 32446 | 5.4 CITY - S | ST-ZIP (| ALVEE 17, woneiner | | |
| TITLE | ED | ☐ DELETE | 6.1 TATLE | | | ☐ Change | X Addition |
| NAME | HAND, BETTY J | | 6.2 NAME | 0 | r Glenn Clark | | |
| STREE1 ADDRESS | 4334 SEOND AVENUE | | 6.3 STREET | ADDRESS 4 | r Glenn Clark 115 Dakwood Dr | • | |
| CITY - \$1 - ZIP | MARIANNA FL | 32446 | 6.4 CITY - 5 | ST-ZIP | MARIANNA, FL 32446 | | |
| informatic | by certify that the information supplied in indicated on this annual report or su | pplemental annual report is | true and acci | emption state urate and tha | d in Section 119.07(3)(i), Florida Statutes it my signature shall have the same legal ort as required by Chapter 617, Florida St | effect as if made un | ider oath: that |
| i ani eni O | - Disabilito se Disabilito del porto del Composito del Com | the received of tradego quibe | ATOROG IO BADO | חלםו פוווז סימי | wras radouso by anables att, Lioung of | atotes, and that my | HOLLIA |

SIGNATURE:

appears in Block 12 or Block 13/

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Jeb 7,1997

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Feb 27 1997 8:00am

Secretary of State

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