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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746223** (7)

1. Corporation Name

**JACKSON HOSPITAL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

WOOTEN, RICHARD L  
POST OFFICE BOX 1608/4250 HOSPITAL DR  
MARIANNA FL 32446  
US

WOOTEN, RICHARD L  
POST OFFICE BOX 1608/4250 HOSPITAL DR  
MARIANNA FL 32446  
US



3. Date Incorporated or Qualified

**03/13/1979**

4. FEI Number

**59-1860022**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

21. Principal Place of Business

22a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

City & State

24. Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOTEN, RICHARD L  
4250 HOSPITAL DRIVE  
MARIANNA FL 32446

81. Name

**Betty Joyce Hand**

82. Street Address (P.O. Box Number is Not Acceptable)

**4250 Hospital Dr**

83.

**PO Box 1608**

84. City

**Marianna**

**FL**

85. Zip Code

**32446**

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 **Betty Joyce Hand**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**February 2, 1998**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **GAY, PEGGY**  
STREET ADDRESS **4522 DEER RUN**  
CITY-ST-ZIP **MARIANNA FL**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **GAY, PEGGY**  
1.3 STREET ADDRESS **4522 DEER RUN**  
1.4 CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **VP** ☐ DELETE  
NAME **COUTURIER, LINDA**  
STREET ADDRESS **PO BOX 512, HUNTER FISH RD**  
CITY-ST-ZIP **MARIANNA FL**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME **COUTURIER, LINDA**  
2.3 STREET ADDRESS **P.O. BOX 512 HUNTER FISH RD**  
2.4 CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **D** ☒ DELETE  
NAME **BRONSON, SONNY**  
STREET ADDRESS **4110 LONG STREET**  
CITY-ST-ZIP **MARIANNA FL**

3.1 TITLE **VP** ☐ Change ☒ Addition  
3.2 NAME **HAROLD GREGG**  
3.3 STREET ADDRESS **3054 4th St**  
3.4 CITY-ST-ZIP **Marianna, FL 32446**

TITLE **ST** ☐ DELETE  
NAME **SANDIFER, CATHERINE**  
STREET ADDRESS **5095 OLD HICKORY CIRCLE**  
CITY-ST-ZIP **MARIANNA FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **GORTMOLLER, MACKY**  
STREET ADDRESS **3070 WALNUT LN**  
CITY-ST-ZIP **MARIANNA FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **ED** ☐ DELETE  
NAME **HAND, BETTY J**  
STREET ADDRESS **4334 SEOND AVENUE**  
CITY-ST-ZIP **MARIANNA FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 in an attachment with an address.

SIGNATURE **Betty Joyce Hand**

**Betty Joyce Hand**

**2/5/98**

**950-526-2200**

CR2E037 (10/97)