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Secretary of State

03-03-1999 90045 019 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746223					
1. Corporation Name JACKSON HOSPITAL FOUNDATION, INC.					
Principal Place of Business WOOTER, RICHARD L POST OFFICE BOX 1608/4250 HOSPITAL DR MARIANNA FL 32446 US			Mailing Address WOOTEN, RICHARD L POST OFFICE BOX 1608/4250 HOSPITAL DR MARIANNA FL 32446 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/13/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1960022	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAND, BETTY JOYCE 4250 HOSPITAL DR P.O. BOX 1608 MARIANNA FL 32446				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 Betty Joyce Hand Betty Joyce Hand Feb 5, 1999

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D <input type="checkbox"/> DELETE NAME GAY, PEGGY STREET ADDRESS 4522 DEER RUN CITY-ST-ZIP MARIANNA FL 32446				1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME J. Harold Donaldson 1.3 STREET ADDRESS 4697 Berkshire Rd 1.4 CITY-ST-ZIP MARIANNA, FL 32446			
TITLE PD <input checked="" type="checkbox"/> DELETE NAME COUTURIER, LINDA STREET ADDRESS PO BOX 512, HUNTER FISH RD CITY-ST-ZIP MARIANNA FL 32446				2.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Linda Couturier 2.3 STREET ADDRESS Hunter Fish Camp Rd / Box 512 2.4 CITY-ST-ZIP Marianna, FL 32446			
TITLE VP <input checked="" type="checkbox"/> DELETE NAME GREGG, HAROLD STREET ADDRESS 3054 4TH ST CITY-ST-ZIP MARIANNA FL 32446				3.1 TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME J. Thomas Sherrel 3.3 STREET ADDRESS 4316 Fifth Ave 3.4 CITY-ST-ZIP Marianna, FL 32446			
TITLE ST <input checked="" type="checkbox"/> DELETE NAME SANDIFER, CATHERINE STREET ADDRESS 5095 OLD HICKORY CIRCLE CITY-ST-ZIP MARIANNA FL 32446				4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Virginia C. Stuart 4.3 STREET ADDRESS 2929 Russ Street 4.4 CITY-ST-ZIP Marianna, FL 32446			
TITLE ED <input type="checkbox"/> DELETE NAME HAND, BETTY J STREET ADDRESS 4334 SEOND AVENUE CITY-ST-ZIP MARIANNA FL 32446				5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Edward Pittman Jr 5.3 STREET ADDRESS 4777 Country Lake Dr 5.4 CITY-ST-ZIP Marianna, FL 32446			
TITLE D <input type="checkbox"/> DELETE NAME Albert T. Milton STREET ADDRESS Box 1528 / 4304 Lafayette Street CITY-ST-ZIP Marianna, FL 32447				6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Mary Fagan 6.3 STREET ADDRESS Penn Ave / PO Box 303 6.4 CITY-ST-ZIP Marianna, FL 32447			

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Pittman Jr Feb 5, 1999 850.526.2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (11/98)