

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746223

1. Entity Name

JACKSON HOSPITAL FOUNDATION, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90112 041 ****61.25

Principal Place of Business
WOOTEN, 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 32446-1917
US

00012333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 59-1960022
Applied For
Not Applicable

Zip 32446
Country
Zip 32447
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAND, BETTY JOYCE
4250 HOSPITAL DR
P.O. BOX 1608
MARIANNA FL 32446

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Betty Joyce Hand Betty Joyce Hand Feb 1, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DONALDSON, J HAROLD	
STREET ADDRESS	4697 BERTSHIRE RD	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COUTURIER, LINDA	
STREET ADDRESS	HUNTER FISH CAMP RD BX 612	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHERREL, J THOMAS	
STREET ADDRESS	4316 FIFTH AVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUART, VIRGINIA C	
STREET ADDRESS	2929 RUES ST	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTMAN, EDWARD JR	
STREET ADDRESS	4777 COUNTRY LAKE DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAGAN, MARY	
STREET ADDRESS	PENN AVE P O BOX 303	
CITY-ST-ZIP	MARIANNO FL 32447	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward K Pittman	
STREET ADDRESS	4777 Country Lake Dr	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr Harold Gregg	
STREET ADDRESS	4614 Bales Dr	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katherine Sandage	
STREET ADDRESS	5095 Old Hickory Circle	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert Milton	
STREET ADDRESS	Box 1528	
CITY-ST-ZIP	MARIANNA FL 32447	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Matthews	
STREET ADDRESS	PO Box 285/4720 Sheffield Dr	
CITY-ST-ZIP	MARIANNA FL 32440	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Joyce Hand REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Feb 1, 2000 Daytime Phone # 850 526-2200
X1401

CR2E037 (9/99)