

DOCUMENT # 746223

1/8/01-90052-020-\$61.25-\$61.25

1. Entity Name

JACKSON HOSPITAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

WOOTEN, RICHARD L  
POST OFFICE BOX 1608/4250 HOSPITAL DR  
MARIANNA FL 32446  
USWOOTEN, RICHARD L John L. West  
POST OFFICE BOX 1608/4250 HOSPITAL DR  
MARIANNA FL 32447  
US

FILED

01 JAN 23 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

4250 Hospital Dr  
Suite, Apt. #, etc.PO Box 1608  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

Marianne, FL  
Zip 32446 Country FloridaMarianne FL  
Zip 32446 Country Jackson

4. FEI Number

59-1960022

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAND, BETTY JOYCE  
4250 HOSPITAL DR  
P.O. BOX 1608  
MARIANNA FL 32446

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DONALDSON, J HAROLD  
STREET ADDRESS 4697 BERTSHIRE RD  
CITY-ST-ZIP MARIANNA FL 32446TITLE Director, VP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4697 Berkshire Rd  
CITY-ST-ZIPTITLE VP ☐ Delete  
NAME COUTURIER, LINDA  
STREET ADDRESS HUNTER FISH CAMP RD BX 612  
CITY-ST-ZIP MARIANNA FL 32446TITLE Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ST ☐ Delete  
NAME SHERREL, J THOMAS  
STREET ADDRESS 4316 FIFTH AVE  
CITY-ST-ZIP MARIANNA FL 32446TITLE President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME STUART, VIRGINIA C  
STREET ADDRESS 2929 RUES ST  
CITY-ST-ZIP MARIANNA FL 32446TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2929 Russ St.  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME PITTMAN, EDWARD JR  
STREET ADDRESS 4777 COUNTRY LAKE DR  
CITY-ST-ZIP MARIANNA FL 32446TITLE Sec/Treas ☐ Change ☒ Addition  
NAME Debbie Matthews  
STREET ADDRESS 4720 Sheffield Dr  
CITY-ST-ZIP MARIANNA, FL 32446TITLE D ☐ Delete  
NAME FAGAN, MARY  
STREET ADDRESS PENN AVE P O BOX 303  
CITY-ST-ZIP MARIANNO FL 32447TITLE ☐ Change ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERREL, M.D.

President

1.3.01

Date

850.526.2200

Daytime Phone #

KE