

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90015 016 \*\*\*\*61.25

**DOCUMENT # 746223**

1. Entity Name

**JACKSON HOSPITAL FOUNDATION, INC.**

Principal Place of Business

**4250 HOSPITAL DRIVE  
MARIANNA FL 32446  
US**

Mailing Address

**P.O. BOX 1608  
MARIANNA FL 32447  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Delete  
NAME **DONALDSON, J HARORLD**  
STREET ADDRESS **4697 BERKSHIRE RD**  
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **President** ☒ Change ☐ Addition  
NAME **Deborah Matthews**  
STREET ADDRESS **4720 Sheffield Dr**  
CITY-ST-ZIP **Marianna, FL 32446**

TITLE **D** ☐ Delete  
NAME **COUTURIER, LINDA**  
STREET ADDRESS **HUNTER FISH CAMP RD BX 612**  
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **Vice Pres** ☒ Change ☐ Addition  
NAME **Virginia C Stuart**  
STREET ADDRESS **2929 Russ St**  
CITY-ST-ZIP **Marianna, FL 32446**

TITLE **P** ☐ Delete  
NAME **SHERREL, J THOMAS**  
STREET ADDRESS **4316 FIFTH AVE**  
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **Sec/Treas** ☒ Change ☐ Addition  
NAME **Rose T Pelt**  
STREET ADDRESS **4506 Red Oak Trce**  
CITY-ST-ZIP **Marianna, FL 32446**

TITLE **D** ☐ Delete  
NAME **STUART, VIRGINIA C**  
STREET ADDRESS **2929 RUSS ST**  
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **Robert A. Pelt** ☐ Change ☒ Addition  
NAME **3176 4th Street**  
STREET ADDRESS **Marianna, FL 32446**

TITLE **D** ☐ Delete  
NAME **PITTMAN, EDWARD JR**  
STREET ADDRESS **4777 COUNTRY LAKE DR**  
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **Scott Parnace** ☐ Change ☒ Addition  
NAME **4295 Woodbriar Rd**  
STREET ADDRESS **Marianna, FL 32446**

TITLE **D** ☐ Delete  
NAME **FAGAN, MARY**  
STREET ADDRESS **PENN AVE P O BOX 303**  
CITY-ST-ZIP **MARIANNO FL 32447**

TITLE **William H Bryant** ☐ Change ☒ Addition  
NAME **5119 Lake Cliff Circle**  
STREET ADDRESS **Marianna, FL 32446**

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: **Deborah Matthews**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Feb 1, 2002**

**850-526-2206  
x 4053**

CR2E037 (9/01)