

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746223

FILED
Apr 30, 2004
Secretary of State

Entity Name: JACKSON HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

4250 HOSPITAL DRIVE
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1608
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 59-1960022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOYENTON, WILLIAM H
Address: 5119 LAKE BLUFF CIRCLE
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: WATTS, NANCY A
Address: 4TH STREET
City-St-Zip: MARIANNA, FL 32446

Title: S () Delete
Name: MATTHEWS, DEBORAH
Address: 4720 SHEFFIELD DR
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: PARANNE, SCOTT
Address: 4295 WOODBRIAR RD
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: PITTMAN, EDWARD JR
Address: 4777 COUNTRY LAKE DR
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: MOSILEY, LINDA
Address: 4358 KILSON AVE
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H BOYENTON

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date