

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746223

FILED  
Mar 31, 2009  
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:**

MILLER, RHONDA J  
4250 HOSPITAL DR  
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: MATTHEWS, DEBBIE  
Address: 4720 SHEFFIELD DRIVE  
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: PELT, LISA  
Address: 4506 RED OAK TRACE  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: PAYNE, MATT  
Address: 3112 WATSON DRIVE  
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: MOSELEY, LINDA  
Address: 2851 MAGNOLIA BLOSSOM  
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  
Name:  
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 exemption stated in Chapter 119, 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: RHONDA JILL MILLER

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date