

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746223

FILED
Jan 05, 2011
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 DRIVE
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
Name: SHERREL, JOSEPH T MD
Address: 4316 5TH AVENUE
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: WATTS, NANCY A
Address: 4154 LAFAYETTE STREET, SUITE G
City-St-Zip: MARIANNA, FL 32446

Title: S
Name: MOSELEY, LINDA
Address: 2851 MAGNOLIA BLOSSOM LANE
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: PAYNE, MATT
Address: 3112 WATSON DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: SWINDLE, EDWARD
Address: 1118 IRON BRIDGE ROAD
City-St-Zip: MARIANNA, FL 32448

Title: D
Name: BOYENTON, BILL
Address: 5119 LAKE BLUFF CIRCLE
City-St-Zip: MARIANNA, FL 32446

I hereby 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 all other like empowered.

SIGNATURE: RHONDA JILL MILLER

D

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date