

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90060 015 \*\*\*\*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



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/10/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Delete
NAME	PELT, LISA	
STREET ADDRESS	4506 RED OAK LACE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COUTURIER, LINDA	
STREET ADDRESS	HUNTER FISH CAMP RD BX 612	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	<del>P Director</del>	<input type="checkbox"/> Delete
NAME	MATTHEWS, DEBORAH	
STREET ADDRESS	4720 SHEFFIELD DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STUART, VIRGINIA C	
STREET ADDRESS	2929 RUSS ST	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTMAN, EDWARD JR	
STREET ADDRESS	4777 COUNTRY LAKE DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAGAN, MARY	
STREET ADDRESS	PENN AVE P O BOX 303	
CITY-ST-ZIP	MARIANNO FL 32447	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William H. Boyenton	
STREET ADDRESS	5119 Lake Bluff Circle	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE	Nancy A. Watts, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4th Street	
STREET ADDRESS	Marianna	
CITY-ST-ZIP	FL 32446	
TITLE	Kathy B. Sloan, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marianna	
STREET ADDRESS	FL 32446	
TITLE	Robert A. Reiff Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Box 5770	
STREET ADDRESS	Marianna, FL 32446	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Paramore	
STREET ADDRESS	4295 Woodbridge Rd	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Mizeley	
STREET ADDRESS	4358 Kilsom Ave	
CITY-ST-ZIP	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:

**SIGNATURE**

**Betty Joyce Hand**

**1/10/03**

**890 526-2200**

X401

CR2E037 (10/02)