

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747731 (8)
1. Corporation Name
ASSOCIATION OF VOLUNTARY HOSPITALS OF FLORIDA, I
NC.



Principal Place of Business Mailing Address
315 S. CALHOUN ST.
SUITE 808, BARNETT BANK BLDG.
TALLAHASSEE FL 32301-1836
315 S. CALHOUN ST.
SUITE 808, BARNETT BANK BLDG.
TALLAHASSEE FL 32301-1836

3. Date Incorporated or Qualified 06/19/1979
3a. Date of Last Report 04/10/1995
4. FEI Number 59-2204341
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent

NESMITH, WAYNE
315 S. CALHOUN ST., 808 BARNETT BANK BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PD	NESMITH, WAYNE	315 S. CALHOUN ST.	TALLAHASSEE FL	<input type="checkbox"/>
STD	ALBRIGHT, JAMES W.	701 SIXTH STREET, S.	ST. PETERSBURG FL	<input checked="" type="checkbox"/>
CD	MEANS, MICHAEL D.	1350 SOUTH HICKORY STREET	MELBOURNE FL	<input type="checkbox"/>
CD	BOZARD, JOHN W.	1414 KUHLE AVENUE	ORLANDO FL	<input checked="" type="checkbox"/>
VCD	O'Grady, Jr., Michael J.	1000 36th St.	Vero Beach, FL	<input type="checkbox"/>
P	Stubblefield, A I	P.O. Box 17500	Pensacola, FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	Nathan, James R.	P.O. Drawer 2218	Ft. Myers, FL 33902	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wayne Nesmith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 (904)222-9800

Date

Daytime Phone #

CR2E037 (12/95)