

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90025 030 ****61.25

DOCUMENT # 756641					
1. Entity Name BON SECOURS VENICE HOSPITAL FOUNDATION, INC.					
Principal Place of Business 540 THE RIALTO VENICE, FL 34285-2900 US			Mailing Address 540 THE RIALTO VENICE, FL 34285-2900 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2080629	Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUNT, DEBRA 540 THE RIALTO VENICE, FL 34285-2900				Name Jim Woods	
				Street Address (P.O. Box Number is Not Acceptable) 540 The Rialto	
				City Venice FL Zip Code 34285	
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 <u>Jim Woods</u>				DATE <u>3/16/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, DEBRA		NAME	Robert Ochs	
STREET ADDRESS	540 THE RIALTO		STREET ADDRESS	901 Venetia Bay Blvd, Suite 100	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Venice, FL 34285	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, WAYNE C		NAME		
STREET ADDRESS	1314 EAST VENICE AVE, SUITE E		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRITSCHLER, ROBERT		NAME	Jim Woods	
STREET ADDRESS	2822 PROCTOR ROAD		STREET ADDRESS	540 The Rialto	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, FREDERICK		NAME		
STREET ADDRESS	540 THE RIALTO		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GULEY, MICHAEL		NAME	Carolyn Frederick	
STREET ADDRESS	540 THE RIALTO		STREET ADDRESS	4515 Shore Lane	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Boca Grande, FL 33921	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, MARY C SISTER		NAME		
STREET ADDRESS	540 THE RIALTO		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
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: <u>Jim Woods</u>		<u>Jim Woods</u>		DATE <u>3/16/04</u> DAYTIME PHONE # <u>941-483-7557</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

54020268



03152004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2080629 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

HUNT, DEBRA
540 THE RIALTO
VENICE, FL 34285-2900

Name Jim Woods
Street Address (P.O. Box Number is Not Acceptable)
540 The Rialto
City Venice FL Zip Code
34285

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 Jim Woods DATE 3/16/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004 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	D	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, DEBRA		NAME	Robert Ochs	
STREET ADDRESS	540 THE RIALTO		STREET ADDRESS	901 Venetia Bay Blvd, Suite 100	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Venice, FL 34285	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, WAYNE C		NAME		
STREET ADDRESS	1314 EAST VENICE AVE, SUITE E		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRITSCHLER, ROBERT		NAME	Jim Woods	
STREET ADDRESS	2822 PROCTOR ROAD		STREET ADDRESS	540 The Rialto	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, FREDERICK		NAME		
STREET ADDRESS	540 THE RIALTO		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GULEY, MICHAEL		NAME	Carolyn Frederick	
STREET ADDRESS	540 THE RIALTO		STREET ADDRESS	4515 Shore Lane	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Boca Grande, FL 33921	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, MARY C SISTER		NAME		
STREET ADDRESS	540 THE RIALTO		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		

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: Jim Woods Jim Woods DATE 3/16/04 DAYTIME PHONE # 941-483-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #