

**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**

**54020268**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2080629**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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*

**3/16/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HUNT, DEBRA  
540 THE RIALTO  
VENICE, FL 34285** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CD  
Robert Ochs  
901 Venetia Bay Blvd, Suite 100  
Venice, FL 34285** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CD  
HALL, WAYNE C  
1314 EAST VENICE AVE, SUITE E  
VENICE, FL 34292** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CD  
HALL, WAYNE C  
1314 EAST VENICE AVE, SUITE E  
VENICE, FL 34292** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
TRITSCHLER, ROBERT  
2822 PROCTOR ROAD  
SARASOTA, FL 34231** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
Jim Woods  
540 The Rialto  
Venice, FL 34285** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DOWNEY, FREDERICK  
540 THE RIALTO  
VENICE, FL 34285** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DOWNEY, FREDERICK  
540 THE RIALTO  
VENICE, FL 34285** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
GULEY, MICHAEL  
540 THE RIALTO  
VENICE, FL 34285** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
Carolyn Frederick  
4515 Shore Lane  
Boca Grande, FL 33921** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ROGERS, MARY C SISTER  
540 THE RIALTO  
VENICE, FL 34285** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ROGERS, MARY C SISTER  
540 THE RIALTO  
VENICE, FL 34285** ☐ Change ☐ Addition

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**

**3/16/04**

**941-483-7557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #