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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758405** (5)

1. Corporation Name

FOUNDATION OF BAY MEDICAL CENTER, INC.



Principal Place of Business EXECUTIVE DIRECTOR 615 NORTH BONITA AVENUE PANAMA CITY FL 32401	Mailing Address EXECUTIVE DIRECTOR 615 NORTH BONITA AVENUE PANAMA CITY FL 32401
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3. Date Incorporated or Qualified

05/19/1981

4. FEI Number

59-2130556

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLFF, RONALD V.
615 NORTH BONITA AVENUE
PANAMA CITY FL 32401**

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 ☐ DELETE

NAME **DT COOK, JAN**

STREET ADDRESS **818 DEGAMA AVE**

CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

NAME **DS GRAMLING, CHARLEY**

STREET ADDRESS **2703 JENKS AVE**

CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

NAME **DP MIDDLEMAS, JOHN ROBERT**

STREET ADDRESS **715 BUNKERS COVE RD**

CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ DELETE

NAME **DP STEIN, ANDREW**

STREET ADDRESS **144 HARRISON AVE**

CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

NAME **DV SWENK, ROBERT**

STREET ADDRESS **BAY POINT 27191**

CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

NAME **D HENELY, TAMMY**

STREET ADDRESS **201 NANCY AVENUE**

CITY-ST-ZIP **PANAMA CITY BCH. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Tammy Henely

3/16/98 (850) 747-6676

CR2E037 (10/97)