FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

MAY 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765883** **(4)**

WALTON COUNTY HOSPITAL, INC.

Principal Place of Business

21 COLLEGE AVENUE
POST OFFICE BOX 1326
DEFUNIAK SPRINGS FL 32433

Mailing Address

21 COLLEGE AVENUE
POST OFFICE BOX 1326
DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/29/1982**
3a. Date of Last Report: **04/20/1994**

4. FEI Number: **59-2292944** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26

State, Apt. # etc. — 22
State, Apt. # etc. — 27

City & State — 23
City & State — 28

Zip — 24
County — 25
Zip — 29
County — 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BELL, RONNIE
100 NELSON AVE.
DEFUNIAK SPRINGS FL 32433

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 607.0502 and 607.1508 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 607.0505 Florida Statutes.

SIGNATURE

(If changing registered office, registered agent and/or registered agent's address) (If changing Registered Agent's address without changing the office) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	CPD	11 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SHERMAN	12 NAME	
STREET ADDRESS	HIGHWAY 331 PO BOX 1167	13 STREET ADDRESS	
CITY-ST-ZIP	PAXTON FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	STEELE, JAMES D	22 NAME	
STREET ADDRESS	57 LAKEVIEW DR	23 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MAC WORK, PAUL	32 NAME	
STREET ADDRESS	204 BAY AVE	33 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CAWTHON, LANDRUM	42 NAME	
STREET ADDRESS	LAKESHORE DR PO BOX 24	43 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	44 CITY-ST-ZIP	
TITLE	VPD	51 TITLE	☐ Change ☐ Addition
NAME	EVANS, NORMAN	52 NAME	
STREET ADDRESS	RT 1 BOX 110C	53 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 1, or Block 11 if changed, or is added in Block 11 or 12 with an address.

SIGNATURE: **Sherman Johnson** — 5/5/95 — 904/834-2118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020004