| | | | FLORIDA DEP/ Sandra | ARTMENT OF B. Mortham | STATE | | | | |
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| ΑΝΝΙ | JAL REPORT | | | tary of State | | | | | |
| | 1996 Divisio | | | | IONS | | | | |
| DOCU 1. Corporatio | MENT # 767 | 7445 | (0) | | | | | | |
| ST. M | ARY'S HOSPITAL FOU | JNDATION, IN(| G. | | | | | | |
| Principal Place | e of Business | Mailing | g Address | | | | | | |
| 901 45TH S P.O. BOX 24 WEST PALM US | | P.O. | 45TH STREET BOX 24620 ST PALM BCH FL | 33407-2495 | | 3. Date incorporated or Qu | alified 3a. D | Date of Last | Report |
| | lace of Business | | alling Address | | | 03/09/1983 4. FEI Number | | 05/01/ | 1995 |
| 1 | | 26 | | | | 59-2366199 | | | Applied For Not Applicable |
| Suite, Apt. | | 27 | ite, Apt. #, etc. | | | 5. Certificate of Status Desi | red 📋 | | 5 Additional Required |
| City & Stati | | 28 | y & State | | | Election Campaign Finan Trust Fund Contribution | icing | • | 0 May Be d to Fees |
| 2ip 4 | 25 9. Name and Address of | Zip 29 | | Counti 30 | у | 8. This corporation has liab Florida Statutes 10. Name and Address of | Yes [| No | . 199.032, |
| | | | | 8 | i Name | TU, Hand and Audress of | New negistered | Agent | |
| | MBE GOODWIN VALERIE | | | 8 | 2 Street A | ddress (P.O. Box Number is Not Ac | ceptable) | | |
| 901 451 | INSI | | | | | | | | |
| WEST F | | | | 8 | 3 | | | | |
| WEST I | PALM BCH FL 33407 | | | | | | | | n Coda |
| 11. Pursuant or register | PALM BCH FL 33407 | 17.0502 and 617.15 of Florida. Such ohs | i08, Florida Statut ange was authoriz 2 Elecido Etat des | es, the above | 4 City | poration submits this statement for oard of directors. I hereby accept th | FL the purpose of ch he appointment as | | p Code registered office I agent. I am |
| Pursuant or register familiar wi SIGNATURE | PALM BCH FL 33407 to the provisions of Sections 6 red agent, or both, in the State ith, and accept the obligations Signature, typed or printed name of regist | ered agent and title if applice | able. (NC | es, the above red by the cor s. | City -named corr poration's b | uired when reinstating; | the purpose of ch he appointment as DATE | anging its i s registered | registered office I agent. I am |
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