

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 09 1997 8:00 am
Secretary of State

DOCUMENT # **767445** (0)

1. Corporation Name

ST. MARY'S HOSPITAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

1309 N. FLAGLER DRIVE (33401)
P.O. BOX 24620
WEST PALM BCH FL 33407-2495
US

1309 N. FLAGLER DRIVE (33401)
P.O. BOX 24620
WEST PALM BCH FL 33416-4620
US

3. Date Incorporated or Qualified
03/09/1983

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 505 So. Flagler Drive

2a. Mailing Address

26 505 So. Flagler Drive

Suite, Apt. #, etc.

22 Suite #600

Suite, Apt. #, etc.

27 Suite #600

City & State

23 West Palm Beach, FL

City & State

28 West Palm Beach, FL

Zip

24 33401

Country

25 Palm Beach

Zip

29 33401

Country

30 Palm Beach

4. FEI Number

59-2366199

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARCOMBE GOODWIN VALERIE
1309 N. FLAGLER DRIVE
WEST PALM BCH FL 33401

81 Name

Valerie G. Larcombe

82 Street Address (P.O. Box Number is Not Acceptable)

1309 No. Flagler Drive

83

84 City

West Palm Beach

FL

85 Zip Code
33401

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's signature required when reinstating)

4-28-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** **XXX** DELETE
NAME **WEXNER, SUZETTE**
STREET ADDRESS **901 45TH ST.**
CITY-ST-ZIP **WEST PALM BEACH FL 33407-2495**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **MCCLOSKEY, THOMAS**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BCH FL 33407-2495**

2.1 TITLE **CSD** **XXX** Change ☐ Addition
2.2 NAME **Thomas McCloskey**
2.3 STREET ADDRESS **505 So. Flagler Drive, #600**
2.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** ☐ DELETE
NAME **ANDERSON, JOHN**
STREET ADDRESS **901 45TH ST.**
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE **VCD** **XX** Change ☐ Addition
3.2 NAME **John Anderson**
3.3 STREET ADDRESS **505 So. Flagler Drive, #600**
3.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** **XXX** DELETE
NAME **SHEPHERD, FRANCES SISTER**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407-2495**

4.1 TITLE **TD** ☐ Change **XX** Addition
4.2 NAME **Frank Nask**
4.3 STREET ADDRESS **1309 No. Flagler Drive**
4.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** **XXX** DELETE
NAME **DREYFOOS, ALEXANDER W**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BCH FL 33407-2495**

5.1 TITLE **VCD** ☐ Change **XXX** Addition
5.2 NAME **Gerald Goldsmith**
5.3 STREET ADDRESS **505 So. Flagler Drive, #600**
5.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **D** **XXX** DELETE
NAME **FREEMAN, LORRAINE**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BCH FL 33407-2495**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
300002175423
-05/12/97--01133--015
*****140.00**

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041456

CR2E037 (9/96)