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 May 09 1997 8:00 am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767445 (0)

1. Corporation Name
ST. MARY'S HOSPITAL FOUNDATION, INC.



Principal Place of Business 1309 N. FLAGLER DRIVE (33401) P.O. BOX 24620 WEST PALM BCH FL 33407-2495 US	Mailing Address 1309 N. FLAGLER DRIVE (33401) P.O. BOX 24620 WEST PALM BCH FL 33416-4620 US
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3. Date Incorporated or Qualified 03/09/1983	3a. Date of Last Report 05/01/1996
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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 <input checked="" type="checkbox"/> XOX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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
85 Zip Code FL 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]* DATE: **4-28-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE S <input checked="" type="checkbox"/> DELETE	NAME WEXNER, SUZETTE
STREET ADDRESS 901 45TH ST.	
CITY-ST-ZIP WEST PALM BEACH FL 33407-2495	
TITLE CD <input type="checkbox"/> DELETE	NAME MCCLOSKEY, THOMAS
STREET ADDRESS 901 45TH STREET	
CITY-ST-ZIP WEST PALM BCH FL 33407-2495	
TITLE D <input type="checkbox"/> DELETE	NAME ANDERSON, JOHN
STREET ADDRESS 901 45TH ST.	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME SHEPHERD, FRANCES SISTER
STREET ADDRESS 901 45TH STREET	
CITY-ST-ZIP WEST PALM BEACH FL 33407-2495	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME DREYFOOS, ALEXANDER W
STREET ADDRESS 901 45TH STREET	
CITY-ST-ZIP WEST PALM BCH FL 33407-2495	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME FREEMAN, LORRAINE
STREET ADDRESS 901 45TH STREET	
CITY-ST-ZIP WEST PALM BCH FL 33407-2495	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE CSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Thomas McCloskey
2.2 NAME	STREET ADDRESS 505 So. Flagler Drive, #600
2.3 STREET ADDRESS	CITY-ST-ZIP West Palm Beach, FL 33401
2.4 CITY-ST-ZIP	
3.1 TITLE VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME John Anderson
3.2 NAME	STREET ADDRESS 505 So. Flagler Drive, #600
3.3 STREET ADDRESS	CITY-ST-ZIP West Palm Beach, FL 33401
3.4 CITY-ST-ZIP	
4.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Frank Nask
4.2 NAME	STREET ADDRESS 1309 No. Flagler Drive
4.3 STREET ADDRESS	CITY-ST-ZIP West Palm Beach, FL 33401
4.4 CITY-ST-ZIP	
5.1 TITLE VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Gerald Goldsmith
5.2 NAME	STREET ADDRESS 505 So. Flagler Drive, #600
5.3 STREET ADDRESS	CITY-ST-ZIP West Palm Beach, FL 33401
5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
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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]* DATE: **5/1/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)