

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90076 021 ****61.25

0039930

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767445

1. Corporation Name

ST. MARY'S HOSPITAL FOUNDATION, INC.

Principal Place of Business

505 S. FLAGLER DR
SUITE 600
WEST PALM BCH FL 33401
US

Mailing Address

505 S. FLAGLER DR
SUITE 600
WEST PALM BCH FL 33401
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

03/09/1983

4. FEI Number

59-2366199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **MCCLOSKEY, THOMAS**
STREET ADDRESS **505 S. FLAGLER DR., #600**
CITY-ST-ZIP **WEST PALM BCH FL 33401**

1.1 TITLE **Chairman (C)** ☒ Change ☐ Addition
1.2 NAME **Dorothy Schulman**
1.3 STREET ADDRESS **505 So. Flagler Dr Suite 600**
1.4 CITY-ST-ZIP **W. Palm Beach, FL 33401**

TITLE **VCD** ☒ DELETE
NAME **ANDERSON, JOHN**
STREET ADDRESS **505 S. FLAGLER DR., #600**
CITY-ST-ZIP **WEST PALM BCH FL 33401**

2.1 TITLE **Ex Betsy Matthews** ☒ Change ☐ Addition
2.2 NAME **505 So. Flagler Dr Suite 600**
2.3 STREET ADDRESS **W. Palm Beach, FL 33401**
2.4 CITY-ST-ZIP

TITLE **VCD** ☒ DELETE
NAME **GOLDSMITH, GERALD**
STREET ADDRESS **505 S. FLAGLER DR., #600**
CITY-ST-ZIP **WEST PALM BCH FL 33401**

3.1 TITLE **David Cobb** ☒ Change ☒ Addition
3.2 NAME **505 So. Flagler Dr. Suite 600**
3.3 STREET ADDRESS **W. Palm Beach, FL 33401**
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **NASK, FRANK**
STREET ADDRESS **1309 N. FLAGLER DR.**
CITY-ST-ZIP **W. PALM BEACH FL 33401**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **THOMAS MCCLOSKEY**
STREET ADDRESS **1309 N. FLAGLER DR.**
CITY-ST-ZIP **W. PALM BEACH FL 33401**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DENNIS STEFANACCI**
STREET ADDRESS **1309 N. FLAGLER DR.**
CITY-ST-ZIP **W. PALM BEACH FL 33401**

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99
Date

561-882-9160
Daytime Phone #

CR2E037 (1/198)