

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

3. Date Incorporated or Qualified  
 03/09/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-2366199

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

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 Schutman  
 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  Change  Addition  
 2.2 NAME Et Betsy Matthews  
 2.3 STREET ADDRESS 505 So. Flagler Dr Suite 600  
 2.4 CITY-ST-ZIP W. Palm Beach, FL 33401

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

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

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99  
 Date

561-882-9160  
 Daytime Phone #

CR2E037 (1/198)