

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **767541** (6)

1. Corporation Name

**ST. FRANCIS MEDICAL AND HEALTH CARE FOUNDATION,
INC.**



Principal Place of Business

Mailing Address

% DON W. CHESTER
901 45TH STREET
WEST PALM BEACH FL 33407
US

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901 45TH STREET
WEST PALM BEACH FL 33407
US

3. Date Incorporated or Qualified

03/14/1983

3a. Date of Last Report

02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2301543

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24

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

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHESTER, DON W
901 45TH STREET
WEST PALM BEACH FL 33407**

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 **CD** ☐ DELETE
NAME **GALT, ROBERT B III**
STREET ADDRESS **201 S. BISCAYNE BLVD, #2000**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **SD** ☐ DELETE
NAME **MCNALLY, MARY S OSF**
STREET ADDRESS **2924 W CURTIS STREET**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SETLIN, HOWARD A. ESQ.**
STREET ADDRESS **1758 28TH ST.**
CITY-ST-ZIP **MIAMI BCH. FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **O'NEIL, MICHAEL O JR**
STREET ADDRESS **701 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ DELETE
NAME **O'LAUGHLIN, JEANNE S**
STREET ADDRESS **11300 NE 2ND AVE**
CITY-ST-ZIP **MIAMI SHORES FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Don W. Chester* **DON W. CHESTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 (402) 881-2893

Date Daytime Phone #

CR2E037 (12/95)