## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 767541

(6)

ST. FRANCIS MEDICAL AND HEALTH CARE FOUNDATION, INC.

Principal Place of Business								
% DON W. CHESTER 901 45TH STREET WEST PALM BEACH FL 33407								

Principal Place of Business

OMICHAEL DOOLEY

6200 COVATNEY CAMPBELL GNY 100

Mailing Address

% DON W. CHESTER 901 45TH STREET

2a. Mailing Address

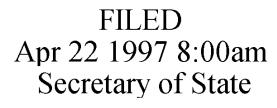
City & State

TAMPA

Suite, Apt. #, etc.

WEST PALM BEACH FL 33407-2413

US





3a. Date of Last Report 02/27/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualified 03/14/1983

5. Certificate of Status Desired

6. Election Campaign Financing

**Trust Fund Contribution** 

4. FEI Number 59-2301543

24 3360		Country	- ZI		<del></del>	Country		8.	This corporation has liability fo			199.032,	
24 33607 25 29 33607 30 9. Name and Address of Current Registered Agent			[30]	Florida Statutes Yes No									
·—	y. Name a	and Address of Curren	Hebister	ed Agent	10. Name and Address of New Registered Agent								
CHESTER, DON W						82 Street Address (P.O. Box Number is Not Acceptable)							
901 45TH STREET							6200 COURTHEY CAMPBELL CSWY						
WEST PALM BEACH FL 33407						SUITE 100							
								TAMP		FL		607	
<ol> <li>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 abligations of, Section 617.0503, Florida Statutes.</li> </ol>													
SIGNATURE	T. Alloolle	- 1	MICHALL	T		OLRY	/		4/14/	<i>97</i>			
	Signature, typed c	or printed name of registered ac				it signature :	required when		DAYE/	7			
12.		OFFICERS (N)	DIRECTO			3			ADDITIONS/CHANGES TO OFF			· • • • • • • • • • • • • • • • • • • •	
TITLE	CD			☐ DELETE	1.	1 TITLE		PD			Change	Addition 3	
NAME		OBERT B III			1.	2 NAME	ļ	HOWAR	PO WATTS	<b></b>		. 18	
STREE1 ADDRESS	J .					3 STREET .	ADDRESS	6200	COURTNEY CAMPBE	ic CZMA	STR 1	°°  [	
CITY-ST-ZIP	MIAMI FL	•				4 CITY - ST		TAN	nea FL				
TITLE	\$D			☐ DELETE	2.	1 TITLE		TD	,		<b>X</b> Change	Addition C	
NAME		Y, MARY S OSF			2.3	2 NAME		MICHA	IEL T. DODLEY		•		
STREET ADDRESS		CURTIS STREET			2.	3 STREET	ADORESS	6200	COURTNEY CAMPBELL 14, FL 33607	it Crma	/ ١٨٤٤ ر.	00	
CITY-ST-ZIP	TAMPA F	<u>.                                    </u>			2.	4 CITY - S	T- <b>Z</b> IP	TAMP	1, FL 33607				
TITLE	D			DELETE	3.	1 TITLE	ľ	D			Change	Addition	
NAME		HOWARD A. ESQ.			3:	2 NAME	j.	SISTER	GLADYS SHARKEY CAMPBEL	o.s.f.	_		
STREET ADDRESS	1758 281				32	3 STREET .	ADORESS	6200	COURTNEY CAMPBE	u eswi	1, STE 10	70	
CITY - ST - ZIP	MIAMI BO	CH. FL			3.	4. CITY-S	T- <b>Z</b> IP	TMY	A FL 33607				
TITLE	VD			DELETE	4.	1 TITLE					Change	Addition	
NAME		MICHAEL O JR			4.	2 NAME	)					j	
STREET ADDRESS		XELL AVE			4.5	3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL	•			4.	4 CITY - ST	- ZIP						
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NAME	O'LAUGH	HLIN, JEANNE S			5	2 NAME	)					j	
STREET ADDRESS	11300 NI	e 2nd ave			5.	3 STREET .	ADDRESS						
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TITLE				DELETE	6.	1 TITLE					Change	☐ Addition	
NAME					6:	2 NAME							
STREET ADDRESS					6.	3 STREET	ADDRESS					[	
CITY-ST-ZIP					6.	4 CITY - ST	-ZIP					Ì	
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.													

MICHAEL HATE DOOLEY