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FILED

Feb 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 768786 (6)  
1. Corporation Name  
FLORIDA HOSPITAL WATERMAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

812 N. BAY ST.  
EUSTIS FL 32726-2042812 N. BAY STREET  
EUSTIS FL 32726-2042  
US

2. Principal Place of Business

2a. Mailing Address

21 812 N. Bay St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

24 32726

25

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/06/1983

3a. Date of Last Report

03/11/1996

4. FEI Number

59-2330166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

Young, Anita J. President

82 Street Address (R.O. Box Number is Not Acceptable)

812 N. Bay Street

83

84 City

Eustis

FL

85 Zip Code

32726

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

1/2/97

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME ROU, ANN H  
STREET ADDRESS 2000 COUNTRY CLUB DRIVE  
CITY-ST-ZIP EUSTIS FL

DELETE

TITLE S  
NAME COMFORT, LYNDIA  
STREET ADDRESS 2560 SR 44  
CITY-ST-ZIP EUSTIS FL

DELETE

TITLE TD  
NAME DANIELS, JAMES  
STREET ADDRESS 405 SASSAFRAS LANE  
CITY-ST-ZIP MT DORA FL

DELETE

TITLE VCD  
NAME OSBORNE, ZEBULON L  
STREET ADDRESS 812 N BAY STREET  
CITY-ST-ZIP EUSTIS FL

DELETE

TITLE P  
NAME YOUNG, ANITA J  
STREET ADDRESS 812 N BAY STREET  
CITY-ST-ZIP EUSTIS FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD  
1.2 NAME WALTER F. MINER, MD, MPH  
1.3 STREET ADDRESS 33525 Lakeshore Drive  
1.4 CITY-ST-ZIP Tavares, FL 32778

Change Addition

2.1 TITLE SD  
2.2 NAME LYNDIA COMFORT  
2.3 STREET ADDRESS 2560 SR 44  
2.4 CITY-ST-ZIP Eustis, FL 32726

Change Addition

3.1 TITLE TD  
3.2 NAME JOHN FELDMAN  
3.3 STREET ADDRESS 215 North Joanna Avenue  
3.4 CITY-ST-ZIP Tavares, FL 32778

Change Addition

4.1 TITLE VCD  
4.2 NAME MAGGIE EVANS, PA  
4.3 STREET ADDRESS 131 Waterman Avenue  
4.4 CITY-ST-ZIP Mount Dora, FL 32757

Change Addition

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

Change Addition

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

Change Addition

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 and typed or printed name of signing officer or director

Date

Daytime Phone # 0013673

1/2/97 (352) 589-7676

CR2E037 (9/96)