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Info **Feb 09 1998 8:00am**
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768786 (6)
 1. Corporation Name
FLORIDA HOSPITAL WATERMAN FOUNDATION, INC.

Principal Place of Business 812 N BAY ST EUSTIS FL 32726 US	Mailing Address 812 N. BAY STREET EUSTIS FL 16388-4528 US
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3. Date Incorporated or Qualified 06/06/1983	
4. FEI Number 59-2330166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

9. Name and Address of Current Registered Agent

YOUNG, ANITA J
812 N BAY ST
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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: *Anita J Young* DATE: **2-3-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MINER, WALTER F MD	
STREET ADDRESS	33525 LAKESHORE DR	
CITY-ST-ZIP	TAVARES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COMFORT, LYNDA	
STREET ADDRESS	2560 SR 44	
CITY-ST-ZIP	EUSTIS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FELDMAN, JOHN	
STREET ADDRESS	215 N JOANNA AVE	
CITY-ST-ZIP	TAVARES FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	EVANS, MAGGIE P	
STREET ADDRESS	131 WATERMAN AVE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	YOUNG, ANITA J	
STREET ADDRESS	812 N BAY STREET	
CITY-ST-ZIP	EUSTIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Anita J Young* **President** 1/27/98 (352) 589-7676

CR2E037 (10/97)