

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768786

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**

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90089 006 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

06/06/1983

4. FEI Number

59-2330166

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

TITLE **CD** ☒ DELETE
NAME **MINER, WALTER F MD**
STREET ADDRESS **33525 LAKESHORE DR**
CITY-ST-ZIP **TAVARES FL**

TITLE **SD** ☒ DELETE
NAME **COMFORT, LYNDIA**
STREET ADDRESS **2560 SR 44**
CITY-ST-ZIP **EUSTIS FL**

TITLE **TD** ☐ DELETE
NAME **FELDMAN, JOHN**
STREET ADDRESS **215 N JOANNA AVE**
CITY-ST-ZIP **TAVARES FL**

TITLE **VCD** ☐ DELETE
NAME **EVANS, MAGGIE P**
STREET ADDRESS **131 WATERMAN AVE**
CITY-ST-ZIP **MOUNT DORA FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☐ Change ☒ Addition
1.2 NAME **A. Dean Guy**
1.3 STREET ADDRESS **3155 Lakeshore Drive**
1.4 CITY-ST-ZIP **Mount Dora, FL 32757**

2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **Dave Weiss**
2.3 STREET ADDRESS **3700 Progress Boulevard**
2.4 CITY-ST-ZIP **Mount Dora, FL 32757**

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

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-589-7676

0013658

CR2E037 (11/98)