

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768786

FILED
Jan 10, 2005
Secretary of State

Entity Name: FLORIDA HOSPITAL WATERMAN FOUNDATION, INC.

Current Principal Place of Business:

1500 WATERMAN WAY
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

1500 WATERMAN WAY
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-2330166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, ANITA J
1500 WATERMAN WAY
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GUY, A. DEAN
Address: 3155 LAKESHORE DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: SD () Delete
Name: WEISS, DAVE
Address: 2785 S. BAY STREET
City-St-Zip: EUSTIS, FL 32726

Title: TD () Delete
Name: BECKMAN, DAVID
Address: 1210 RIDGE ROAD
City-St-Zip: LONGWOOD, FL 32750 US

Title: VCD () Delete
Name: ROU, ANN H
Address: 2000 COUNTRY CLUB DRIVE
City-St-Zip: EUSTIS, FL 32726 US

Title: P () Delete
Name: YOUNG, ANITA J
Address: 1500 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: COMFORT, LYNDIA
Address: PO BOX 38
City-St-Zip: EUSTIS, FL 32727

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA J. YOUNG

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date