

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768786

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: FLORIDA HOSPITAL WATERMAN FOUNDATION, INC.

## Current Principal Place of Business:

1500 WATERMAN WAY  
SUITE 3506  
TAVARES, FL 32778 US

## New Principal Place of Business:

## Current Mailing Address:

1500 WATERMAN WAY  
SUITE 3506  
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  
SUITE 3506  
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: COMFORT, LYNDIA  
Address: PO BOX 38  
City-St-Zip: EUSTIS, FL 32727

Title: SD ( ) Delete  
Name: WATERS, LESLIE P  
Address: P. O. BOX 1323  
City-St-Zip: UMATILLA, FL 32784

Title: TD ( ) Delete  
Name: HANSON, JAMES W  
Address: 505 HIGHPOINT DRIVE  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VCD ( ) Delete  
Name: EVANS, MAGGIE B  
Address: 131 WATERMAN WAY  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: P ( ) Delete  
Name: YOUNG, ANITA J  
Address: 1500 WATERMAN WAY, SUITE 3506  
City-St-Zip: TAVARES, FL 32778

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GRANGER, ROBERT  
Address: P. O. BOX 1881  
City-St-Zip: EUSTIS, FL 32727

Title: SD (X) Change ( ) Addition  
Name: PORTER - WATERS, LESLIE  
Address: P. O. BOX 1323  
City-St-Zip: UMATILLA, FL 32784

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

Title: CD (X) Change ( ) Addition  
Name: EVANS, MAGGIE B  
Address: 131 WATERMAN WAY  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: PD (X) Change ( ) Addition  
Name: YOUNG, ANITA J  
Address: 1500 WATERMAN WAY, SUITE 3506  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Change (X) Addition  
Name: BECKMAN, DAVID  
Address: 1210 RIDGE ROAD  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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, MBA, CFRE

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date