

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Feb 03, 2009**  
**Secretary of State**

DOCUMENT# 768786

**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:** D ( ) Delete  
**Name:** GRANGER, ROBERT  
**Address:** P. O. BOX 1881  
**City-St-Zip:** EUSTIS, FL 32727**Title:** SD ( ) Delete  
**Name:** PORTER - WATERS, LESLIE  
**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:** CD ( ) Delete  
**Name:** EVANS, MAGGIE B  
**Address:** 131 WATERMAN WAY  
**City-St-Zip:** MOUNT DORA, FL 32757 US**Title:** PD ( ) Delete  
**Name:** YOUNG, ANITA J  
**Address:** 1500 WATERMAN WAY, SUITE 3506  
**City-St-Zip:** TAVARES, FL 32778**Title:** D ( ) Delete  
**Name:** BECKMAN, DAVID  
**Address:** 1210 RIDGE ROAD  
**City-St-Zip:** LONGWOOD, FL 32750**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** TD (X) Change ( ) Addition  
**Name:** BECKMAN, DAVID  
**Address:** 1210 RIDGE ROAD  
**City-St-Zip:** LONGWOOD, FL 32750**Title:** C (X) Change ( ) Addition  
**Name:** EVANS, MAGGIE B  
**Address:** 131 WATERMAN WAY  
**City-St-Zip:** MOUNT DORA, FL 32757 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** MATTISON, KEN  
**Address:** 1000 WATERMAN WAY  
**City-St-Zip:** TAVARES, FL 32778

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

02/03/2009

Electronic Signature of Signing Officer or Director

Date