

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768786

FILED
Jan 26, 2011
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: VCD
Name: GLISSON, RANDY
Address: 910 MOUNT HOMER ROAD
City-St-Zip: EUSTIS, FL 32726

Title: SD
Name: HUFFSTETLER ROU, ANN
Address: 2000 COUNTRY CLUB DRIVE
City-St-Zip: EUSTIS, FL 32726

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

Title: D
Name: CLEMENT, EDWARD
Address: 308 E 5TH AVENUE
City-St-Zip: MT. DORA, FL 32757 US

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

Title: D
Name: MATTISON, KEN
Address: 1000 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

I hereby 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 all other like empowered.

SIGNATURE: ANITA J. YOUNG

PD

01/26/2011

Electronic Signature of Signing Officer or Director

Date