

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 NOV -7 PM 12: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0040602

DOCUMENT # **N02000000440**  
 1. Entity Name  
**THE FRIENDS OF A.G. HOLLEY HOSPITAL, INC.**



Principal Place of Business  
**1199 W LANTANA RD  
LANTANA FL 33461**

Mailing Address  
**1199 W LANTANA RD  
LANTANA FL 33461**

2. Principal Place of Business  
**1199 W Lantana Rd**

3. Mailing Address  
**1199 W Lantana Rd**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES **03**

City & State  
**Lantana FL**

City & State  
**Lantana FL**

Zip  
**33462**

Country  
**USA**

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DOLLING, CORY  
1199 W LANTANA RD  
LANTANA FL 33461**

7. Name and Address of New Registered Agent

Name

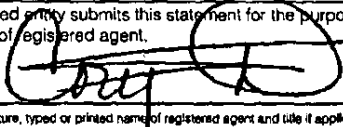
Street Address (P.O. Box Number is Not Acceptable)

City

**REINSTATEMENT FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

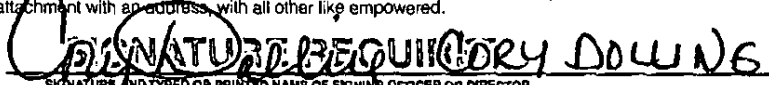
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOLLING, CORY</b>	
STREET ADDRESS	<b>1199 W LANTANA RD</b>	
CITY-ST-ZIP	<b>LANTANA FL 33461</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TAYLOR, BARBARA</b>	
STREET ADDRESS	<b>1199 W LANTANA RD</b>	
CITY-ST-ZIP	<b>LANTANA FL 33461</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALLEN, DONNA</b>	
STREET ADDRESS	<b>1199 W LANTANA RD</b>	
CITY-ST-ZIP	<b>LANTANA FL 33461</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Deloris Bradley</b>	
STREET ADDRESS	<b>1199 W Lantana Rd</b>	
CITY-ST-ZIP	<b>Lantana FL 33462</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**000024962006**  
**11/24/03 01026-007 \*\*236.25**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CORY DOLLING** **3/29/03 (561) 540-3336**

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)