

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:50

DOCUMENT # **N02596** (7)
1. Corporation Name
FLAGLER HEALTH CARE FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
400 HEALTH PARK BLVD **400 HEALTH PARK BLVD**
P.O. BOX 100 **P.O. BOX 100**
ST. AUGUSTINE FL 32086 **ST. AUGUSTINE FL 32086**

3. Date Incorporated or Qualified **04/17/1984** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-2440537** Applied For
Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

CONZEMIUS, JAMES D.
400 HEALTH PARK BLVD
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when renoting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	TOM TAYLOR
STREET ADDRESS	3641 CRAZY HORSE TRAIL
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	P
NAME	CONZEMIUS, JAMES D.
STREET ADDRESS	400 HEALTH PARK BLVD
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	GEORGE MCCLURE
STREET ADDRESS	KING STREET
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	JEROD MEEKS
STREET ADDRESS	ORANGE STREET
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	DAWSON, ROBERT
STREET ADDRESS	27 MILTON ST
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	ROBERT BOEREMA, FAIA
STREET ADDRESS	100 SOUTHPARK BLVD, SUITE 303
CITY-ST-ZIP	ST. AUGUSTINE FL

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dail Taylor	
1.3 STREET ADDRESS	100 South park Blvd, Suite 414	
1.4 CITY-ST-ZIP	ST. Augustine, FL 32086	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Al Styring	
3.3 STREET ADDRESS	200 Riviera Blvd	
3.4 CITY-ST-ZIP	ST. Augustine, FL 32086	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	William Abare	
5.3 STREET ADDRESS	King Street	
5.4 CITY-ST-ZIP	ST. Augustine, FL 32084	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95 - (909) 925-7400