

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 07, 2004
Secretary of State**

DOCUMENT# N02596

Entity Name: FLAGLER HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

400 HEALTH PARK BLVD
P.O. BOX 100
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

Current Mailing Address:

400 HEALTH PARK BLVD
P.O. BOX 100
ST. AUGUSTINE, FL 32086

New Mailing Address:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

FEI Number: 59-2440537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GORDY, JOSEPH PRES
400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086 US

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: JOSEPH GORDY 01/07/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PLANT, REUBEN MD
Address: 84 VILLAGE DEL LARGO CIRCLE
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: RIGGLE, FRANK
Address: 67 DOLPHIN STREET
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: GEORGE, WAYNE
Address: 322 ST. AUGUSTINE BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: TUCKER, LEN
Address: 147 SAN MARCO AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: EDDINS, HEIDI
Address: 1 MALAGA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: BOLES, JOSEPH
Address: 19 RIBIERIA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GEORGE, WAYNE
Address: 32 ST. AUGUSTINE BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH GORDY PRES 01/07/2004
Electronic Signature of Signing Officer or Director Date