

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90067 004 ****61.25

DOCUMENT # N02596

1. Entity Name
FLAGLER HEALTH CARE FOUNDATION, INC.



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

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

90004097



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2440537**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **PLANT, REUBEN MD**
STREET ADDRESS **84 VILLAGE DEL LARGO CIRCLE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **D** Change Addition
NAME **Frank Riggole**
STREET ADDRESS **67 Dolphin Street**
CITY-ST-ZIP **St. Augustine, FL 32080**

TITLE **P** Delete
NAME ~~**DILLINGHAM, ELMER**~~
STREET ADDRESS ~~**207 NORTH SAN MARCO AVE**~~
CITY-ST-ZIP ~~**ST. AUGUSTINE FL**~~

TITLE **D** Change Addition
NAME **William Miron**
STREET ADDRESS **600 S.R. 206 West**
CITY-ST-ZIP **ST. Augustine, FL 32086**

TITLE **D** Delete
NAME **GEORGE, WAYNE**
STREET ADDRESS **322 ST. AUGUSTINE BLVD.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE **D** Change Addition
NAME **George McClure**
STREET ADDRESS **170 Malaga Street**
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **D** Delete
NAME ~~**RUNK, BRAD**~~
STREET ADDRESS ~~**1985 MIZELL RD**~~
CITY-ST-ZIP ~~**SAINT AUGUSTINE FL 32084**~~

TITLE **D** Change Addition
NAME **Low Tucker**
STREET ADDRESS **147 San Marco Ave**
CITY-ST-ZIP **ST. Augustine, FL 32084**

TITLE **D** Delete
NAME **EDDINS, HEIDI**
STREET ADDRESS **1 MALAGA STREET**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BOLES, JOSEPH**
STREET ADDRESS **19 RIBIERIA STREET**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *James D. Conzemius* **SIGNATURE REQUIRED** *Conzemius* **1-10-03** *(904) 825-4400*

CR2E037 (10/02)