

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90046 043 ****61.25

DOCUMENT # N06000010926

1. Entity Name
DOCTOR'S MEMORIAL HOSPITAL FOUNDATION, INC.



Principal Place of Business
**333 N BYRON BUTLER PKWY
PERRY, FL 32347**

Mailing Address
**333 N BYRON BUTLER PKWY
PERRY, FL 32347**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3122517

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DARCY, CHARLES
333 N BYRON BUTLER PKWY
PERRY, FL 32347**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DARCY, CHARLES
333 N BYRON BUTLER PKWY
PERRY, FL 32347** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WOODFAULK, FLORA
201 FOURTH STREET
PERRY, FL 32347** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MIXON, SCOTT
2363 MORGAN WHIDDON ROAD
PERRY, FL 32347** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #