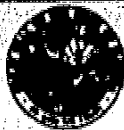


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # N10686 (6)

1. Corporation Name

BARTOW MEMORIAL HOSPITAL FOUNDATION, INC.

95 MAY -1 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O DONALD H. WILSON, JR.
190 E. DAVIDSON STREET
BARTOW FL 33830

Mailing Address

C/O DONALD H. WILSON, JR.
190 E. DAVIDSON STREET
BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2634105

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. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, DONALD H., JR.
190 E. DAVIDSON STREET
BARTOW FL 33830**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CRUM, J. B DVM
STREET ADDRESS	1515 HWY 17 SOUTH
CITY-ST-ZIP	BARTOW FL
TITLE	CD
NAME	YONG, WANDA P
STREET ADDRESS	2905 CENTRAL AVE
CITY-ST-ZIP	BARTOW FL
TITLE	TD
NAME	ALBRITTON, CAROLYN
STREET ADDRESS	ALBRITTON RD
CITY-ST-ZIP	ALTURAS FL
TITLE	D
NAME	JOHNSON, FRANK
STREET ADDRESS	1035 N BROADWAY
CITY-ST-ZIP	BARTOW FL
TITLE	SD
NAME	PAMPLIN, J.W.
STREET ADDRESS	1525 S. FLORAL AVE.
CITY-ST-ZIP	BARTOW FL
TITLE	D
NAME	SMITH, FRED P.
STREET ADDRESS	150 S WOODLAWN AVE
CITY-ST-ZIP	BARTOWN FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	TD
3.3 STREET ADDRESS	Lewis Stidham
3.4 CITY-ST-ZIP	1137 Mariposa Ave Bartow, FL 33830
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	SD
5.3 STREET ADDRESS	Idmon Anderson,
5.4 CITY-ST-ZIP	1055 Hibiscus Dr. Bartow, FL 33830
6.1 TITLE	☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Name)

(Signature Number)