

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N10686 (6)

1. Corporation Name

BARTOW MEMORIAL HOSPITAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified  
08/13/1985

3a. Date of Last Report  
05/01/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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 617.0502 and 617.1508, 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 617.0503, 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

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE CD  
NAME YONG, WANDA P  
STREET ADDRESS 2905 CENTRAL AVE  
CITY-ST-ZIP BARTOW FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE TD  
NAME STIDHAM, LEWIS  
STREET ADDRESS 1137 MARRIPOSA AVE  
CITY-ST-ZIP BARTOW FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE D  
NAME JOHNSON, FRANK  
STREET ADDRESS 1035 N BROADWAY  
CITY-ST-ZIP BARTOW FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME ANDERSON, IDMON  
STREET ADDRESS 1055 HIBISCUS DR  
CITY-ST-ZIP BARTOW FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SMITH, FRED P.  
STREET ADDRESS 150 S WOODLAWN AVE  
CITY-ST-ZIP BARTOW FL

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 119.07(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

2/22/96

941-285-8133

Date

Daytime Phone #

CR2E037 (12/95)