



FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 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 33830-3932	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
9. Name and Address of Current Registered Agent WILSON, DONALD H., JR. 190 E. DAVIDSON STREET BARTOW FL 33830		10. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, J. B DVM	1.2 NAME	
STREET ADDRESS	1515 HWY 17 SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, JIM	2.2 NAME	
STREET ADDRESS	406 NE 4TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MEADE FL	2.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIDHAM, LEWIS	3.2 NAME	
STREET ADDRESS	1139 MARIPOSA AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, FRANK	4.2 NAME	
STREET ADDRESS	1035 N BROADWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, IDMON	5.2 NAME	
STREET ADDRESS	1055 HIBISCUS DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FRED P.	6.2 NAME	
STREET ADDRESS	150 S WOODLAWN AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOWN FL	6.4 CITY - ST - ZIP	
14. I do 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 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: 		4-25-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0053489	



CR2E037 (9/96)