

FILE NOW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90235 038 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N10686

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



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|--|---|--|
| 2. Principal Place of Business 21 Brian D. Hinton Executive Director | 2a. Mailing Address 26 Brian D. Hinton Executive Director | 3. Date Incorporated or Qualified 08/13/1985 |
| Suite, Apt. #, etc. 22 220 East Main Street | Suite, Apt. #, etc. 27 Post Office Box 877 | 4. FEI Number 59-2634105 |
| City & State 23 Bartow, Florida | City & State 28 Bartow, Florida | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 33830 | Country 25 USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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)
245 South Central Avenue

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 | TD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARSH, JIM | 1.2 NAME | |
| STREET ADDRESS | 406 NE 4TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT MEADE FL | 1.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STIDHAM, LEWIS | 2.2 NAME | |
| STREET ADDRESS | 1139 MARIPOSA AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BARTOW FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, FRANK | 3.2 NAME | |
| STREET ADDRESS | 1035 N BROADWAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BARTOW FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, IDMON | 4.2 NAME | |
| STREET ADDRESS | 1055 HIBISCUS DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BARTOW FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-99

Date

941-533-4196

Daytime Phone #

CR2E037 (11/98)