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Apr 30 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 # N15157 (3)**

1. Corporation Name

**EVERGLADES MEMORIAL HOSPITAL, INC.**



Principal Place of Business

Mailing Address

% JOEL T. STRAWN  
54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483

% JOEL T. STRAWN  
54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483-4529

3. Date Incorporated or Qualified  
**05/29/1986**

3a. Date of Last Report  
**03/29/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**59-2659720**

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

**STRAWN, JOEL T.  
54 NE 4TH AVENUE  
DELRAY BEACH FL 33483**

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 **DC** ☐ DELETE  
NAME **JONES, EDWIN**  
STREET ADDRESS **1135 GARDEN PLACE**  
CITY-ST-ZIP **PAHOKEE FL**

1.1 TITLE **DST** ☐ Change ☒ Addition  
1.2 NAME **Gallo, Theodore III**  
1.3 STREET ADDRESS **3351 Bacom Point Rd**  
1.4 CITY-ST-ZIP **Pahokee, FL**

TITLE **DST** ☒ DELETE  
NAME **SASSER, FAITH**  
STREET ADDRESS **212 N. BARFIELD HWY.**  
CITY-ST-ZIP **PAHOKEE FL**

2.1 TITLE **DV** ☐ Change ☒ Addition  
2.2 NAME **Baines, Elisha**  
2.3 STREET ADDRESS **161 W 4th Street**  
2.4 CITY-ST-ZIP **Pahokee, FL**

TITLE **DV** ☒ DELETE  
NAME **GALLO, THEODORE III**  
STREET ADDRESS **3351 BACOM POINT RD.**  
CITY-ST-ZIP **PAHOKEE FL**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Sasser, Faith**  
3.3 STREET ADDRESS **212 N Barfield Hwy**  
3.4 CITY-ST-ZIP **Pahokee, FL**

TITLE **D** ☒ DELETE  
NAME **BAINES, ELISHA**  
STREET ADDRESS **161 W. 4TH ST.**  
CITY-ST-ZIP **PAHOKEE FL**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Mavroides, Christopher**  
4.3 STREET ADDRESS **170 S Barfield Hwy**  
4.4 CITY-ST-ZIP **Pahokee, FL**

TITLE **P** ☐ DELETE  
NAME **ANDERSON, DONALD A.**  
STREET ADDRESS **200 S. BARFIELD HWY.**  
CITY-ST-ZIP **PAHOKEE FL**

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

TITLE **D** ☒ DELETE  
NAME **SINGLETARY, ROY**  
STREET ADDRESS **250 SOUTH LAKE AVENUE**  
CITY-ST-ZIP **PAHOKEE FL 33476**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)