

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 # N32088 (9)

1. Corporation Name

**RETIRED EMPLOYEES OF TALLAHASSEE MEMORIAL REGION
AL MEDICAL CENTER, INC.**



Principal Place of Business

Mailing Address

**2103 WOODSTOCK LANE
TALLAHASSEE FL 32308
US**

**2103 WOODSTOCK LANE
TALLAHASSEE FL 32308
US**

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

3. Date Incorporated or Qualified

05/04/1989

3a. Date of Last Report

08/03/1995

4. FEI Number

59-2945895

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

**EBEL, JOHN A.
2103 WOODSTOCK LANE
TALLAHASSEE FL 32308**

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **ALBRIGHT, ANDREW E**
STREET ADDRESS **3040 TIPPERARY DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **Ebel, John A.**
1.3 STREET ADDRESS **2103 Woodstock Lane**
1.4 CITY-ST-ZIP **Tallahassee, FL 32303-2738**

TITLE **V** ☒ DELETE
NAME **VANARSDALE, PATRICIA P**
STREET ADDRESS **1212 WINIFRED DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Howard, Rebecca**
2.3 STREET ADDRESS **2225 Holton Street**
2.4 CITY-ST-ZIP **Tallahassee, FL 32310-6298**

TITLE **SD** ☐ DELETE
NAME **MULLARKY, MARGARET M**
STREET ADDRESS **1834 DEVRA DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Lee, Delma C.**
3.3 STREET ADDRESS **7094 Blueberry Hill Drive**
3.4 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **TD** ☒ DELETE
NAME **DELANEY, VERMA P**
STREET ADDRESS **1655 CAPITAL CIRCLE S.E.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Berry, Waymon**
4.3 STREET ADDRESS **58 Green-Berry Road**
4.4 CITY-ST-ZIP **Crawfordville, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **PD** ☐ Change ☒ Addition
5.2 NAME **Dempsey, Della B.**
5.3 STREET ADDRESS **Route 5, Box 5916**
5.4 CITY-ST-ZIP **Monticello, FL 32344-9323**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **VD** ☐ Change ☒ Addition
6.2 NAME **King, Agnes M.**
6.3 STREET ADDRESS **1900 Ty Ty Court**
6.4 CITY-ST-ZIP **Tallahassee, FL 32308**

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, changed, or on an attachment with an address.

SIGNATURE:

John A. Ebel, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Date

904-562-5433

Daytime Phone

CR2E037 (12/95)