

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 # **N49060** (9)
1. Corporation Name
ST. XENIA HOSPITAL FOUNDATION, INC.



Principal Place of Business: **3872 N. LAKE ORLANDO ORLANDO FL 32808**
Mailing Address: **P.O. BOX 608458 ORLANDO FL 32860 US**

3. Date Incorporated or Qualified: **05/19/1992**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-3136993**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
**KENNEDY, LARRY W.
3872 NORTH LAKE ORLANDO PARKWAY
ORLANDO FL 32808**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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: *Larry W. Kennedy* **LARRY W. KENNEDY, Chairman** 1-15-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	KENNEDY, LARRY W.
STREET ADDRESS	3872 N. LAKE ORLANDO PRK
CITY - ST - ZIP	ORLANDO FL
TITLE	VCT <input type="checkbox"/> DELETE
NAME	KILGORE, MICHAEL
STREET ADDRESS	202 WEST 58TH STREET
CITY - ST - ZIP	NEW YORK, NY.
TITLE	DS <input type="checkbox"/> DELETE
NAME	SHEPARD, WILLIAM
STREET ADDRESS	4392 15TH STREET
CITY - ST - ZIP	ST. SIMMONS ISLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PETERSON, BILL
STREET ADDRESS	12905 SW 108 CT
CITY - ST - ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> DELETE
NAME	FARCAS, DAVID
STREET ADDRESS	12905 SW 108 CT
CITY - ST - ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>delete</i>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>DS</i>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Larry W. Kennedy* **LARRY W. KENNEDY** 1-15-96 407-290-1597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHAIRMAN** Date Daytime Phone #

CR2E037 (12/95)