

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32860-8458  
US3. Date Incorporated or Qualified  
05/19/19923a. Date of Last Report  
01/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip Country

29

30

4. FEI Number

59-3136993

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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

KENNEDY, LARRY W.  
3872 NORTH LAKE ORLANDO PARKWAY  
ORLANDO FL 32808

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 C ☐ DELETE  
NAME KENNEDY, LARRY W.  
STREET ADDRESS 3872 N. LAKE ORLANDO PRK  
CITY - ST - ZIP ORLANDO FL 328081.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP ORLANDO FL 32808TITLE VCT ☐ DELETE  
NAME KILGORE, MICHAEL  
STREET ADDRESS ~~202 WEST 36TH STREET~~ 9931 DEER SPRING LANE  
CITY - ST - ZIP ~~NEW YORK, NY~~ CHARLOTTE NC 282102.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 9931 DEER SPRING LANE  
2.4 CITY - ST - ZIP CHARLOTTE NC 28210TITLE DS ☐ DELETE  
NAME PETERSON, BILL  
STREET ADDRESS 12905 SW 108 CT  
CITY - ST - ZIP MIAMI FL 331763.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP MIAMI FL 33176TITLE D ☐ DELETE  
NAME FARCAS, DAVID  
STREET ADDRESS ~~12905 SW 108 CT~~ 33123 OIL WELL RD  
CITY - ST - ZIP ~~MIAMI FL 33176~~ PUNTA GORDA FL 339554.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 33123 OIL WELL RD  
4.4 CITY - ST - ZIP PUNTA GORDA FL 33955TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 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 # 0016152

CR2E037 (9/96)