FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N51031** **(5)**

1. Corporation Name

WINTER PARK MEMORIAL HOSPITAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
2111 GLENWOOD DR. WINTER PARK FL 32792	2111 GLENWOOD DR. WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1992
3a. Date of Last Report: 07/05/1994
4. FEI Number: 59-3143908 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1870 Aloma Avenue	2a. Mailing Address 26 P.O. Box 2647
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27
City & State 23 Winter Park, Florida	City & State 28 Winter Park, Florida
Zip 24 32789 County 25 U.S	Zip 29 32790-2647 County 30 U.S.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
ASHMORE, PATRICIA M 2111 GLENWOOD DR. STE.#202 WINER PARK FL 32792	81 Name: Patricia M. Ashmore 82 Street Address (P.O. Box Number is Not Acceptable): 1870 ALoma Avenue, 83: Suite 200 84 City: Winter Park FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Patricia M. Ashmore Patricia M. Ashmore, President 4-26-95
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	DVC	11 TITLE	☐ Change ☐ Addition
NAME	LOUDERMILK, JACK G	12 NAME	
STREET ADDRESS	1031 W. MORSE BLVD., #150	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	14 CITY-ST-ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	DEUTSCH, HUNTING F	22 NAME	
STREET ADDRESS	200 S. ORANGE AVE., 8TH FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32802	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	WEST, CLYDE A	32 NAME	
STREET ADDRESS	330 KNOWLES AVE. N.	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	PROCTOR, RICHARD H	42 NAME	
STREET ADDRESS	354 HENKLE CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	PD ☒ Change ☐ Addition
NAME	ASHMORE, PATRICIA M	52 NAME	Patricia M. Ashmore
STREET ADDRESS	2111 GLENWOOD DR., #202	53 STREET ADDRESS	1870 Aloma Avenue, Suite 200,
CITY-ST-ZIP	WINTER PARK FL 32792	54 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added on an attachment with an address.

SIGNATURE: Patricia M. Ashmore Patricia M. Ashmore, Pres. 4/26/95 (407)644 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032871