

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N51031** (5)
1. Corporation Name
WINTER PARK MEMORIAL HOSPITAL FOUNDATION, INC.

Principal Place of Business

1870 ALOMA AVENUE
SUITE 200
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 2647
WINTER PARK FL 32790-2647
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1992		3a. Date of Last Report 05/01/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3143908		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ASHMORE, PATRICIA M
1870 ALOMA AVENUE
SUITE 200
WINTER PARK FL 32789

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

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 *Patricia M. Ashmore* **Patricia M. Ashmore, President**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

6/7/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVC	1.1 TITLE	CD
NAME	LOUDERMILK, JACK G	1.2 NAME	DAVID L. EVANS
STREET ADDRESS	1031 W. MORSE BLVD., #150	1.3 STREET ADDRESS	110 E. BROADWAY
CITY - ST - ZIP	WINTER PARK FL 32789	1.4 CITY - ST - ZIP	OVIDO, FL 32765
TITLE	DT	2.1 TITLE	
NAME	DEUTSCH, HUNTING F	2.2 NAME	
STREET ADDRESS	200 S. ORANGE AVE., 8TH FLOOR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32802	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	VD
NAME	WEST, CLYDE A	3.2 NAME	CLYDE A. WEST
STREET ADDRESS	330 KNOWLES AVE. N.	3.3 STREET ADDRESS	1490 MIZELL AVENUE
CITY - ST - ZIP	WINTER PARK FL 32789	3.4 CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	SD	4.1 TITLE	
NAME	PROCTOR, RICHARD H	4.2 NAME	
STREET ADDRESS	354 HENKLE CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	
NAME	ASHMORE, PATRICIA M	5.2 NAME	
STREET ADDRESS	1870 ALOMA AVENUE, SUITE 200	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	VD
NAME		6.2 NAME	HAROLD A. WARD III
STREET ADDRESS		6.3 STREET ADDRESS	250 PARK AVENUE SOUTH
CITY - ST - ZIP		6.4 CITY - ST - ZIP	WINTER PARK, FL 32789

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: *Patricia M. Ashmore* **PATRICIA M. ASHMORE, PRES**

6/7/96

(407) 644-2300

Date

Daytime Phone #

CR2E037 (3/96)