


FILE NOW: FILING FEE IS \$61.25

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Mar 13, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N51031 | | | | | |
| 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 09/24/1992 4. FEI Number 59-3143908 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP CD EVANS, DAVID L 110 E BROADWAY OVIEDO FL | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP OT DEUTSCH, HUNTING F 200 S. ORANGE AVE., 8TH FLOOR ORLANDO FL 32802 | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP VD WEST, CLYDE A 1490 MIZELL AVENUE WINTER PARK FL | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP SD PROCTOR, RICHARD H 354 HENKLE CIRCLE WINTER PARK FL 32789 | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP PD ASHMORE, PATRICIA M 1870 ALOMA AVENUE, SUITE 200 WINTER PARK FL | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP VD WARD, HAROLD A III 250 PARK AVENUE SOUTH WINTER PARK FL | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | |



CR2E037 (1/98)

14. I 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, with all other like empowered.

SIGNATURE: *Patricia M. Ashmore* **SIGNATURE REQUIRED** Patricia M. Ashmore 1/11/99 (407) 644-2300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #