

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 22 11 21 AM

DOCUMENT # N92000000068 (8)

1. Corporation Name

WALTON REGIONAL HOSPITAL BOOSTER CLUB, INCORPORATED

Principal Place of Business

**WALTON REGIONAL HOSPITAL
21 COLLEGE AVE.
DEFUNIAK SPRINGS FL 32433**

Mailing Address

**WALTON REGIONAL HOSPITAL
21 COLLEGE AVE.
DEFUNIAK SPRINGS FL 32433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0369018

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONALD, JOHN ANGUS
1218 FREEPORT ROAD
DEFUNIAK SPRINGS FL 32433**

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 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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HARRIS, CHARLES T
402 N. 9 STREET
DEFUNIAK SPRINGS FL 32433**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
D

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MCDONALD, JOHN A
21 COLLEGE AVE.
DEFUNIAK SPRINGS FL 32433**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
MONTGOMERY, SHARON
21 COLLEGE AVENUE
DEFUNIAK SPRINGS FL 32433**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☒ Change ☐ Addition

**T
JENNINGS, BEVERLY
1519 GREEN ACRES DR.
MOSSY HEAD, FL 32434**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
SHUBA, JAN
21 COLLEGE AVENUE
DEFUNIAK SPRINGS FL 32433**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FRAZIER, RUFUS
RT. 9 BOX 485T
DEFUNIAK SPRINGS FL 32433**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Beverly Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95
Date

904 892 3874
Telephone Number