
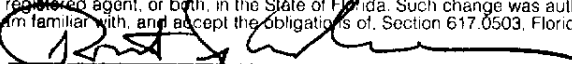
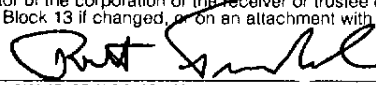


FILE NOW: FILING FEE IS \$61.25.

FILED  
Jul 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N93000000435 (8)</u>					
1. Corporation Name <u>Friends of Princeton Hospital Foundation, Inc.</u>					
Principal Place of Business <u>1800 Mercy Drive Orlando, FL 32808</u>			Mailing Address		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <u>02/01/93</u>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <u>04/30/96</u>	
22. City & State		27. City & State		4. FEI Number <u>59-3162401</u>	
23. Zip		28. Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. 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 <u>Wheeler, Kenneth B 1155 Louisiana Avenue Suite 100 Winter Park, FL 32789</u>			10. Name and Address of New Registered Agent		
81. Name <u>Robert Truckenmiller</u>			82. Street Address (P.O. Box Number is Not Acceptable) <u>1800 Mercy Drive</u>		
83. City <u>Orlando</u>			84. Zip Code <u>FL 32808</u>		
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			DATE <u>6/27/97</u> (NOTE: Registered Agent signature required when re-appointing)		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
0 <input type="checkbox"/> DELETE <u>Trotta, Joseph 1800 Mercy Drive Orlando, FL 32808</u>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
0 <input type="checkbox"/> DELETE <u>Alivento, Renee 1800 Mercy Drive Orlando, FL 32808</u>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
0 <input type="checkbox"/> DELETE <u>Denner, Valerie 1800 Mercy Drive Orlando, FL 32808</u>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
0 <input type="checkbox"/> DELETE <u>Truckenmiller, Robert 1800 Mercy Drive Orlando, FL 32808</u>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
0 <input type="checkbox"/> DELETE			500002246195 -07/24/97--01009--020 ***70.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
0 <input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <u>Robert Truckenmiller, Treasurer</u>					
Date <u>6/27/96</u> Daytime Phone # <u>407/293-8013</u>					

CR2E037 (9/96)