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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002499 (2)**

1. Corporation Name

FRIENDS OF G. PIERCE WOOD MEMORIAL HOSPITAL, INC



Principal Place of Business

Mailing Address

**5847 SE HWY 31
ARCADIA FL 33821-9627**

**5847 SE HWY 31
ARCADIA FL 34266-7679**

3. Date Incorporated or Qualified
06/03/1993

3a. Date of Last Report
12/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

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

**TURNER, RONALD A
603 E. OAK STREET
ARCADIA FL 34266**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

Ronald A. Turner, President

2/5/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **TURNER, RON**
STREET ADDRESS **603 E. OAK ST**
CITY-ST-ZIP **ARCADIA FL 34266**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **DODGE, DEBORAH**
STREET ADDRESS **21249 CHATBURN AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **BARNES, SUSAN**
STREET ADDRESS **1295 S.E. AIRPORT ROAD**
CITY-ST-ZIP **ARCADIA FL 34266**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WATERS, DON**
STREET ADDRESS **1760 S.E. PLUM DRIVE**
CITY-ST-ZIP **ARCADIA FL 34266**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MORGAN, EARNEST**
STREET ADDRESS **3398 PARKWAY CENTER COURT**
CITY-ST-ZIP **ORLANDO FL 32808**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **NUGENT, WILLIAM**
STREET ADDRESS **E. OAK STREET**
CITY-ST-ZIP **ARCADIA FL 34266**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Date

Daytime Phone # **0000790**

Ronald A. Turner

2/5/97 (941) 993-4871

CR2E037 (9/96)