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Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002499  
1. Corporation Name

Friends of G. Pierce Wood Memorial  
Hospital, Inc.

Principal Place of Business 5847 S.E. Hwy 31 Arcadia, FL 34266	Mailing Address 5847 S.E. Hwy 31 Arcadia, FL 34266
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3. Date Incorporated or Qualified

6/3/1993

4. FEI Number

65-0399510

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

Ron Turner  
603 E. Oak Street  
Arcadia, FL 34266

mailing: P.O. 1607  
Arcadia  
34265

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

Ton Turner

March 16, 1998

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD NAME STREET ADDRESS CITY-ST-ZIP

Ron umer  
603 E. Oak Street  
Arcadia, FL 34266

TITLE S NAME STREET ADDRESS CITY-ST-ZIP

Deborah Dodge  
21249 Chatburn Avenue  
Port Charlotte, FL 33952

TITLE T NAME STREET ADDRESS CITY-ST-ZIP

Susan Barnes  
1295 S.E. Airport Road  
Arcadia, FL 34266

TITLE D NAME STREET ADDRESS CITY-ST-ZIP

Don Waters  
1760 S.E. Plum Drive  
Arcadia, FL 34266

TITLE D NAME STREET ADDRESS CITY-ST-ZIP

Dorothy Simmat  
303 Bridle Path Way  
Arcadia, FL 34266

TITLE D NAME STREET ADDRESS CITY-ST-ZIP

Josephine Grueber  
178 Bridle Path Way  
Arcadia, FL 34266

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/97)