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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90119 032 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000002499**

1. Corporation Name

**FRIENDS OF G. PIERCE WOOD MEMORIAL HOSPITAL, INC**

Principal Place of Business

5847 SE HWY 31  
ARCADIA FL 33021-9627

Mailing Address

5847 SE HWY 31  
ARCADIA FL 33021-9627



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34266 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34266 Country USA

3. Date Incorporated or Qualified

06/03/1993

4. FEI Number

65-0399510

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

9. Name and Address of Current Registered Agent

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

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 Ronald A. Turner 1/7/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE D ☐ DELETE  
NAME SIMMAT, DOROTHY  
STREET ADDRESS 303 BRIDLE PATH WAY  
CITY-ST-ZIP ARCADIA FL 34266

TITLE D ☐ DELETE  
NAME GRUEBER, JOSEPHINE  
STREET ADDRESS 178 BRIDLE PATH WAY  
CITY-ST-ZIP ARCADIA FL 34266

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME D  
1.3 STREET ADDRESS Susan Barnes  
1.4 CITY-ST-ZIP 1295 SE Airport Road  
Arcadia, FL 34266

2.1 TITLE Treasurer ☐ Change ☒ Addition  
2.2 NAME Jimmy Huckaby  
2.3 STREET ADDRESS 5357 SW Provau Ave  
2.4 CITY-ST-ZIP Arcadia, FL 34266 (P.O. Box 516)  
Nocatee 34268

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/99 941-993-1333

CR2E037- (11/98)