

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

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96 FEB 29 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001372 (1)

1. Corporation Name

WUESTHOFF HEALTH SYSTEMS FOUNDATION, INC.



Principal Place of Business: P O BOX 565002 MS # 101 ROCKLEDGE FL 32956-5002 US  
Mailing Address: P O BOX 565002 MS # 101 ROCKLEDGE FL 32956-5002 US

3. Date Incorporated or Qualified: 03/18/1994  
3a. Date of Last Report: 03/23/1995  
4. FEI Number: 59-3226582  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 110 Longwood Avenue, 22 P.O. Box 565002, MS#101, 23 Rockledge, FL, 24 32956-5002  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
CARMAN, ROBERT O  
110 LONGWOOD AVE.  
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable): 110001729921  
B3 City: 03/04/96-01003-025  
B4 City: \*\*\*\*\*70.00 \*\*\*\*\*70.00  
B5 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: BRODNAN, SUSAN	STREET ADDRESS: 1531 N. INDIAN RIVER DR.	CITY-ST-ZIP: COCOA FL 32922	<input type="checkbox"/> DELETE
TITLE: C	NAME: CELIO, ALBERT D	STREET ADDRESS: 171 SEAPORT BLVD.	CITY-ST-ZIP: CAPE CANAVERAL FL 32920	<input type="checkbox"/> DELETE
TITLE: D	NAME: DAVIES, DAN	STREET ADDRESS: 1300 ST. ANDREWS DR.	CITY-ST-ZIP: ROCKLEDGE FL 32955	<input type="checkbox"/> DELETE
TITLE: D	NAME: EASON, RONALD A	STREET ADDRESS: 1730 HIDDEN LAKE DR.	CITY-ST-ZIP: ROCKLEDGE FL 32955	<input type="checkbox"/> DELETE
TITLE: D	NAME: FIELD, ALMA C	STREET ADDRESS: 750 FIELD MANOR DR.	CITY-ST-ZIP: MERRITT ISLAND FL 32953	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	See attached list for additional officers.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	976 Brevard Avenue, Suite A
2.4 CITY-ST-ZIP	Cocoa, FL 32923
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	535 Dellanoy Avenue
3.4 CITY-ST-ZIP	Cocoa, FL 32922
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1264 Rockledge Blvd
4.4 CITY-ST-ZIP	Rockledge, FL 32955
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	P.O. Box 843 N/A
5.4 CITY-ST-ZIP	Cocoa, FL 32923-0843
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert O. Carman
6.3 STREET ADDRESS	110 Longwood Avenue
6.4 CITY-ST-ZIP	Rockledge, FL 32955

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert O. Carman President

2-7-96  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (12/95)

**WUESTHOFF HEALTH SYSTEMS FOUNDATION, INC.**  
**110 LONGWOOD AVENUE**  
**P.O. BOX 565002 MS #101**  
**ROCKLEDGE, FL 32956-5002**

②  
N94000001372

**FEI NUMBER 59-3226582**

**ADDITIONAL OFFICERS**

S  
Judy Molitor  
1171 N. Indian River Drive  
Cocoa, FL 32926

D  
Mimi Marconi  
4375 Indian River Drive  
Cocoa, FL 32927

VP  
Pennie Simms  
110 Longwood Avenue  
Rockledge, FL 32956-5002

D  
Boone Rose, Jr.  
1663 Frontier Drive  
Melbourne, FL 32940

VC  
Phyllis Rice  
800 Switchgrass Island Road  
Cocoa, FL 32926

D  
A. Scott Huff  
700 S. Babcock, Street, Ste. 403  
Melbourne, FL 32940

T  
Rebecca Colker  
110 Longwood Avenue  
Rockledge, FL 32956-5002

D  
James Laham  
320 Fortenberry Road  
Merritt Island, FL 32952

D  
Lee Barnhart  
490 Peachtree Street  
Cocoa, FL 32923

D  
Donald P. Messersmith  
80 Fortenberry Road  
Merritt Island, FL 32952

D  
Patsy Clark  
3850 N. Atlantic Avenue  
Cocoa Beach, FL 32931

D  
Gilbert A. Russell  
100 Delannoy Avenue  
Cocoa, FL 32923

D  
John Criswell  
1709 Fenway Circle  
Rockledge, FL 32955

D  
Frank Sullivan, III  
P.O. Box 10 N/A  
Cocoa, FL 32922

D  
Pat Edwards  
1475 N. Friday Road  
Cocoa, FL 32926-3438

D  
Dan Wooten  
1360 W. King Street  
Cocoa, FL 32922

D  
Charlotte Houser  
1005 Carrigan Blvd.  
Merrit Island, FL 32952

D  
Al Trafford  
P.O. Box 1999 N/A  
Cocoa, FL 32923

D  
Ken Kline  
775 E. Merritt Island Causeway, #300  
Merritt Island, FL 32952