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1

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 Mailing Address
P O BOX 565002 MS # 101
ROCKLEDGE FL 32956-5002
US 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	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 110 Longwood Avenue Suite, Apt. #, etc.	2a. Mailing Address 26
22 P.O. Box 565002, MS#101 City & State	27
23 Rockledge, FL Zip	28
24 32956-5002 Country	29
25 Brevard	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARMAN, ROBERT O
110 LONGWOOD AVE.
ROCKLEDGE FL 32955**

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.
Merritt 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