

FILED

Aug 05 1998 8:00am
Secretary of State

<p>NONPROFIT CORPORATION ANNUAL REPORT 1998</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # N96000006601 (6) 5-15-98

JOHN ALLEN HAMER, M.D. MEMORIAL FUND, INC. *Mc*
John Allen Hamer, MD. Memorial Foundation, Inc.



Principal Place of Business		Mailing Address	
1205 MAYTOWN ROAD OAK HILL FL 32759		1205 MAYTOWN ROAD OAK HILL FL 32759	
2. Principal Place of Business		2a. Mailing Address	
21	693 GREEN MEADOW RD	26	OAK HURST CENTRE
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	1205 MAYTOWN ROAD
City & State		City & State	
23	MAITLAND, FLORIDA	28	OAK HILL, FLORIDA
Zip	Country	Zip	Country
24	32751	25	SEMINOLE
29	32759-9103	30	FLORIDA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HURST, EDWARD E 1205 MAYTOWN ROAD OAK HILL FL 32789		81 Name 1205 MAYTOWN ROAD OAK HILL FL 32759	
		82 Street Address (P.O. Box Number is Not Acceptable) 1205 MAYTOWN ROAD OAK HILL FL 32759	
		83 ***61.25	
		84 City	
		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 reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M HAMER, THOMAS N. 693 GREEN MEADOW AVE. MAITLAND FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HURST, EDWARD E. 1205 MAYTOUM RD. OAK HILL FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	*D HURST, KAREN K. 1205 MAYTOUM RD. OAK HILL FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUNNER, CAROL R. 595 N. NOVA RD., STE. 202 ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIME, HAROLD H. 3501 PREMIER DR. CASSELBERRY FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	V Molina, Pete 36830 Trudy Rd Fruitland Park, FL 34731	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	P/m Hurst, Edward E. 1205 maytown Rd Oak Hill, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	T/D Hurst, Karen K. 1205 maytown Rd Oak Hill, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	S Molina, Bill 36830 Trudy Rd Fruitland Park, FL 34731	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	C Kime, Harold H. 3501 Premier Dr. Casselberry, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D Richardson, Jana 225 S. Interlachen Winter Park FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	18 8.5

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.

SIGNATURE:

Edward F. Hurst 4.23.98 (904) 345-1958

CR2E037 (10/97)

(2)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wolfe, Dr. Darrell
1.3 STREET ADDRESS	710 S. Lake Shore Dr
1.4 CITY-ST-ZIP	Dade, FL 32761
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Beekford, Patricia
2.3 STREET ADDRESS	1423 Serissa Court
2.4 CITY-ST-ZIP	Orlando, FL 32818
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cote, Sherry
3.3 STREET ADDRESS	2220 Hibiscus Dr., Suite 4
3.4 CITY-ST-ZIP	Edgewater, FL 32141
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

(3)

ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of

JOHN ALLEN HAMER, M.D. MEMORIAL FUND, INC.

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

ARTICLE I NAME
amended

The name of the corporation shall be:
JOHN ALLEN HAMER, MD. MEMORIAL FOUNDATION, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS
amended

The principal place of business is: 693 Green Meadow Ave.
Maitland, Florida 32751

The mailing address of the corporation is: Oak Hurst Centre'
1205 Maytown Road
Oak Hill, Florida 32759-9103

SECOND: The date of adoption of the amendment(s) was: _____
April 23, 1998

THIRD: Adoption of Amendment (CHECK ONE)

- ☒ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

JOHN ALLEN HAMER, M.D. MEMORIAL FUND, INC.

Corporation Name


Signature of Chairman, Vice Chairman, President or other officer

EDWARD E. HURST

Typed or printed name

President
Title

April 23, 1998
Date

FILED
98 MAY 15 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA