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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000006601

1. Corporation Name

JOHN ALLEN HAMER, MD. MEMORIAL FOUNDATION, INC.

Principal Place of Business
**693 GREEN MEADOW AVENUE
MAITLAND FL 32751**

Mailing Address
**OAK HURST CENTRE
1205 MAYTOWN ROAD
OAK HILL FL 32759-9103**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3424815	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		29	
26		27		30	
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	
				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

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	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLINA, PETE	1.2 NAME	Jarvis, Sherry Cate
STREET ADDRESS	36830 TRUDY RD.	1.3 STREET ADDRESS	602 Indian River Blvd., Suite 201
CITY-ST-ZIP	FRUITLAND PARK FL 34731	1.4 CITY-ST-ZIP	Edgewater, FL 32141
TITLE	P/M <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, EDWARD E.	2.2 NAME	
STREET ADDRESS	1205 MAYTOWN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL 32759	2.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, KAREN K.	3.2 NAME	
STREET ADDRESS	1205 MAYTOUM RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL 32759	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLINA, JILL	4.2 NAME	Beckford, Patricia
STREET ADDRESS	36830 TRUDY RD.	4.3 STREET ADDRESS	1423 Serissa Court
CITY-ST-ZIP	FRUITLAND PARK FL 34731	4.4 CITY-ST-ZIP	Orlando, FL 32818
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIME, HAROLD H.	5.2 NAME	
STREET ADDRESS	3501 PREMIER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, JANA	6.2 NAME	
STREET ADDRESS	225 S. INERLACHEN	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	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: *Edward E. Hurst* **3-22-99 (904) 345-1958**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0014435

CR2E037 (1/98)