

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746223

Entity Name: JACKSON HOSPITAL FOUNDATION, INC.**Current Principal Place of Business:**4250 HOSPITAL DRIVE
MARIANNA, FL 32446**Current Mailing Address:**P.O. BOX 1608
MARIANNA, FL 32447 US**FEI Number: 59-1960022****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MILLER, RHONDA J
4250 HOSPITAL DRIVE
MARIANNA, FL 32446 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name SHERREL, JOSEPH TMD
Address 4316 5TH AVENUE
City-State-Zip: MARIANNA FL 32446

Title D
Name WATTS, NANCY A
Address 4154 LAFAYETTE STREET, SUITE G
City-State-Zip: MARIANNA FL 32446

Title D.
Name MOSELEY, LINDA
Address 2851 MAGNOLIA BLOSSOM LANE
City-State-Zip: MARIANNA FL 32446

Title D
Name PAYNE, MATT
Address 3112 WATSON DRIVE
City-State-Zip: MARIANNA FL 32446

Title D
Name SWINDLE, EDWARD
Address 1118 IRON BRIDGE ROAD
City-State-Zip: MARIANNA FL 32448

Title D.
Name DUELL, RON
Address 323 COMPASS LAKE DRIVE
City-State-Zip: ALFORD FL 32420

Title PRESIDENT
Name SLOAN, KATHY
Address 2535 SPRING CREEK ROAD
City-State-Zip: MARIANNA FL 32448

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH T. SHERREL, M.D.**DIRECTOR****02/11/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date