

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768786

Entity Name: FLORIDA HOSPITAL WATERMAN FOUNDATION, INC.**Current Principal Place of Business:**1500 WATERMAN WAY
SUITE 3506
TAVARES, FL 32778**Current Mailing Address:**1500 WATERMAN WAY
SUITE 3506
TAVARES, FL 32778 US**FEI Number:** 59-2330166**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAUFFMAN, APRIL
1500 WATERMAN WAY
SUITE 3506
TAVARES, FL 32778 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:** APRIL KAUFFMAN

04/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name KAUFFMAN, APRIL
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE, CHAIRMAN
Name CADDELL, SUSAN DDS
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name YANCEY, DALTON
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title SECRETARY, TRUSTEE
Name SPEAKS, BOB
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name WELTER, ROBERT
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name BELTON, TRACY
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE, TREASURER
Name MUENZMAY, KRESS
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name MUNROE, FRANK
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

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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: BOB SPEAKS

SECRETARY

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name ROGERS, MIKE
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE, VC
Name MAZENKO, TODD
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name SMITH, STUART
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name GANTZ, DAVID
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name VOSSBERG, C.A.
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name WICKS, TED
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name SIMMONS, DEAN
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name BIRI, ABEL
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title EX-OFFICIO
Name MULHOLLAND, BRENDA
Address 1500 WATERMAN WAY
City-State-Zip: TAVARES FL 32778