

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

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**DOCUMENT # 740885 (9)**

1. Corporation Name

**LEESBURG REGIONAL MEDICAL CENTER CHARITABLE FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**600 E. DIXIE AVE.  
LEESBURG FL 34748**

**600 E. DIXIE AVE.  
LEESBURG FL 34748**

3. Date Incorporated or Qualified

**11/23/1977**

3a. Date of Last Report

**03/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBUCK, H D, JR, ESQUIRE  
610 E MAIN ST  
LEESBURG FL 32748**

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	D	<input type="checkbox"/> DELETE
NAME	RAST, GEORGE H.	
STREET ADDRESS	1303 S 8TH ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RAST, MILDRED C.	
STREET ADDRESS	1303 S 8TH ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FAUST, BETTIE L.	
STREET ADDRESS	1620 LOVES POINT RD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HOWELL, JR. P	
STREET ADDRESS	603 GIBSON STREET	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWERSOX, WILLIAM P	
STREET ADDRESS	505 W GIBSON STREET	
CITY-ST-ZIP	LEESBURG FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WRIGHT, BARBARA	
STREET ADDRESS	2 PALM DRIVE, THE SPRINGS	
CITY-ST-ZIP	VALAHA FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Faust, Bettie L.	
1.3 STREET ADDRESS	1620 Loves Point Rd.	
1.4 CITY-ST-ZIP	Leesburg, FL 34748	
2.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bowersox, William P.	
2.3 STREET ADDRESS	505 W. Gibson Street	
2.4 CITY-ST-ZIP	Leesburg, FL 34748	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carlton, Amelia	
3.3 STREET ADDRESS	1427 Beverly Point Drive	
3.4 CITY-ST-ZIP	Leesburg, FL 34748	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cauthen, Robin A.	
4.3 STREET ADDRESS	9313 Silver Lake Drive	
4.4 CITY-ST-ZIP	Leesburg, FL 34788	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Elleck, Helen	
5.3 STREET ADDRESS	176 Millwood Road	
5.4 CITY-ST-ZIP	Leesburg, FL 34788	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Griffin, Elsie R.	
6.3 STREET ADDRESS	206 E. Croton Way	
6.4 CITY-ST-ZIP	Howey-in-the-Hills, FL 34737	

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:

*William P. Bowersox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Bowersox  
President

Date

(352) 787-3202  
Daytime Phone #

CR2E037 (12/95)

49.282

LEESBURG REGIONAL MEDICAL CENTER CHARITABLE FOUNDATION, INC.

1996 Board of Directors

- D Husebo, Wendell F.  
9481 Silver Lake  
Leesburg, FL 34788
- D Robuck, Iris H.  
9341 Silver Lake Drive  
Leesburg, FL 34788
- D Rose, William H.  
102 Orchid Way  
Howey-In-The-Hills, FL 34737
- D Schlein, Kay A.  
710 Yorktown Drive  
Leesburg, FL 34748
- D Sentner, Kevin A.  
1409 S. 8th St.  
Leesburg, FL 34748
- D Sherman, Joanne B.  
30017 Johnson Point Rd.  
Leesburg, FL 34748