

FILE NOW: FILING FEE IS \$61.25

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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 600 E. DIXIE AVE. LEESBURG FL 34748	Mailing Address 600 E. DIXIE AVE. LEESBURG FL 34748
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3. Date Incorporated or Qualified 11/23/1977	3a. Date of Last Report 03/30/1995
4. FEI Number 59-1800743	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAST, GEORGE H.	1.2 NAME	Faust, Bettie L.
STREET ADDRESS	1303 S 8TH ST	1.3 STREET ADDRESS	1620 Loves Point Rd.
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAST, MILDRED C.	2.2 NAME	Bowersox, William P.
STREET ADDRESS	1303 S 8TH ST	2.3 STREET ADDRESS	505 W. Gibson Street
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAUST, BETTIE L.	3.2 NAME	Carlton, Amelia
STREET ADDRESS	1620 LOVES POINT RD	3.3 STREET ADDRESS	1427 Beverly Point Drive
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, JR. P	4.2 NAME	Cauthen, Robin A.
STREET ADDRESS	603 GIBSON STREET	4.3 STREET ADDRESS	9313 Silver Lake Drive
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWERSOX, WILLIAM P	5.2 NAME	Elleck, Helen
STREET ADDRESS	505 W GIBSON STREET	5.3 STREET ADDRESS	176 Millwood Road
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, BARBARA	6.2 NAME	Griffin, Elsie R.
STREET ADDRESS	2 PALM DRIVE, THE SPRINGS	6.3 STREET ADDRESS	206 E. Croton Way
CITY-ST-ZIP	VALAHA FL	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* **William P. Bowersox** (352) 787-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

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