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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 FOUNDATION, INC



Principal Place of Business Mailing Address
800 E. DIXIE AVE. **800 E. DIXIE AVE.**
LEESBURG FL 34748 **LEESBURG FL 34748**

3. Date Incorporated or Qualified 11/23/1977	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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 _____ (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	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAST, GEORGE H.	1.2 NAME	Robuck, Iris H.
STREET ADDRESS	821 LAKE PORT BLVD., A404	1.3 STREET ADDRESS	9341 Silver Lake Drive
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAST, MILDRED C.	2.2 NAME	Rast, Mildred C.
STREET ADDRESS	821 LAKE PORT BLVD., A404	2.3 STREET ADDRESS	821 Lake Port Blvd., A404
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAUST, BETTIE L.	3.2 NAME	Sherman, Joanne B.
STREET ADDRESS	1620 LOVES POINT RD	3.3 STREET ADDRESS	425 S. Whitney Road
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, P B JR.	4.2 NAME	Howell, P. B., Jr.
STREET ADDRESS	603 GIBSON STREET	4.3 STREET ADDRESS	603 Gibson Street
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWERSOX, WILLIAM P	5.2 NAME	Sentner, Kevin A.
STREET ADDRESS	505 W GIBSON STREET	5.3 STREET ADDRESS	33014 Karl Street
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, BARBARA	6.2 NAME	Wright, Barbara J.
STREET ADDRESS	2 PALM DRIVE, THE SPRINGS	6.3 STREET ADDRESS	2 Palm Drive
CITY-ST-ZIP	VALAHA FL	6.4 CITY-ST-ZIP	Yalaha, FL 34797

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 as an attachment with an address.

SIGNATURE:  **MR. P. McCONNELL**

3-31-98

CR2E037 (1097)

Leesburg Regional Medical Center Foundation, Inc.

Additional List of Officers & Directors

1998 Corporate Annual Report

- D Bent, Karen**
811 Berryhill Circle
Fruitland Park, FL 34731
- D Elleck, Helen**
176 Millwood Road
Leesburg, FL 34788
- D Griffin, Elsie R.**
206 E. Croton Way
Howey-In-The-Hills, FL 34737
- D Husebo, Wendell F.**
9481 Silver Lake Drive
Leesburg, FL 34788
- D Rose, W. H.**
102 Orchid Way
Howey-In-The-Hills, FL 34737
- D Schlein, Kay A.**
710 Yorktown Drive
Leesburg, FL 34748