


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 740885					
1. Corporation Name LEESBURG REGIONAL MEDICAL CENTER FOUNDATION, INC					
Principal Place of Business 600 E. DIXIE AVE. LEESBURG FL 34748			Mailing Address 600 E. DIXIE AVE. LEESBURG FL 34748		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1800743	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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	1.1 TITLE	D
NAME	RAST, GEORGE H.	1.2 NAME	William P. Bowersox
STREET ADDRESS	821 LAKE PORT BLVD., A404	1.3 STREET ADDRESS	505 West Gibson Street
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Leesburg, FL 34848
TITLE	D	2.1 TITLE	C
NAME	RAST, MILDRED C.	2.2 NAME	Kevin A. Sentner
STREET ADDRESS	821 LAKE PORT BLVD., A404	2.3 STREET ADDRESS	33014 Karl Street
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	D	3.1 TITLE	V
NAME	FAUST, BETTIE L.	3.2 NAME	W.H. Rose
STREET ADDRESS	1620 LOVES POINT RD	3.3 STREET ADDRESS	1093 Palm Harbor Drive
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	D	4.1 TITLE	D
NAME	HOWELL, P B JR.	4.2 NAME	Elsie R. Griffin
STREET ADDRESS	603 GIBSON STREET	4.3 STREET ADDRESS	206 E. Croton Way
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	Winter Park, FL 32790-0546
TITLE	CD	5.1 TITLE	
NAME	BOWERSOX, WILLIAM P	5.2 NAME	
STREET ADDRESS	505 W GIBSON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WRIGHT, BARBARA	6.2 NAME	
STREET ADDRESS	2 PALM DRIVE, THE SPRINGS	6.3 STREET ADDRESS	
CITY-ST-ZIP	VALAHA FL	6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Chai* 3/31/99 (352) 753-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

**LRMC Foundation
Board of Directors**

740885
444735-90127-48

Additional list of Officers

1999

Mrs. Iris H. Robuck
Secretary

9341 Silver Lake Drive
Leesburg, FL 34788
H# 352-787-2203

Mrs. Joanne B. Sherman
Treasurer

425 S. Whitney Road
Leesburg, FL 34748
H# 352-360-0318
W# 352-323-6925
F# 352-787-8705

Ms. Karen Bent
Director

811 Berryhill Circle
Fruitland Park, FL 34731
H# 352-728-3348
W# 352-326-4704
F# 352-326-4731

Mrs. Helen Elleck
Director

176 Millwood Road
Leesburg, FL 34788
H# 352-589-8942

Mr. Wendell F. Husebo
Director

9481 Silver Lake Drive
Leesburg, FL 34748
H# 352-728-5000
W# 352-787-5777
F# 352-787-5510

Mrs. Kay A. Schlein
Director

710 Yorktown Drive
Leesburg, FL 34748
H# 352-326-5929