


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90265 025 ****70.00

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1. Entity 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


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



02082005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1800743

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name ~~WILLIAM H. GANTNER, EST~~

Street Address (P.O. Box Number is Not Acceptable)
~~215 NORTH JONAS AVE~~

City ~~LEESBURG~~ FL Zip Code ~~32748~~

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William H. Gantner DATE 2/15/05

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, MAC	
STREET ADDRESS	33640 OVERTON CIRCLE	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENT, KAREN	
STREET ADDRESS	811 BERRYHILL CIRCLE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	D	<input type="checkbox"/> Delete
NAME	BINNEVELD, WILLIAM P	
STREET ADDRESS	505 W GIBSON STREET	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GREGORY	
STREET ADDRESS	108 ROSE AVENUE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, PB JR	
STREET ADDRESS	603 GIBSON STERET	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, BARBARA	
STREET ADDRESS	2 PALM DRIVE, THE SPRINGS	
CITY-ST-ZIP	VALAHA, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN-COHN	
STREET ADDRESS	15714 ACORN CIRCLE	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbie C. Cohn **PRESIDENT** Date 2/15/05 Daytime Phone # 352-323-5862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR