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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 JAN 26 PM 3:38

DOCUMENT # N19863 (2)

1. Corporation Name
CITRUS MEMORIAL HEALTH FOUNDATION, INC.

Principal Place of Business	Mailing Address
% CHARLES A. BLASBAND 502 HIGHLAND BLVD. INVERNESS FL 34452-4754 US	% CHARLES A. BLASBAND 502 HIGHLAND BLVD. INVERNESS FL 34452-4754 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1987
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2890430 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

BLASBAND, CHARLES A.
502 HIGHLAND BLVD.
INVERNESS FL 34452

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BLASBAND, CHARLES A.	1.2 NAME	
STREET ADDRESS	502 HIGHLAND BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HENIGAR, ROBERT L	2.2 NAME	
STREET ADDRESS	640 E. STATE RD, 44	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BRANNE, JOE S	3.2 NAME	
STREET ADDRESS	320 HIGHWAY 41 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
~~TITLE~~	~~SDT~~	4.1 TITLE	D ☐ Change ☒ Addition
~~NAME~~	~~DODGE, R. EDWARD~~	4.2 NAME	JORDAN, MARILYN
~~STREET ADDRESS~~	~~511 W HIGHLAND BLVD~~	4.3 STREET ADDRESS	502 HIGHLAND BLVD.
~~CITY-ST-ZIP~~	~~INVERNESS FL~~	4.4 CITY-ST-ZIP	INVERNESS, FL 34452
~~TITLE~~	~~SV~~	5.1 TITLE	D ☐ Change ☒ Addition
~~NAME~~	~~JENKINS, RANDALL M~~	5.2 NAME	ALCORN, STEPHEN W.
~~STREET ADDRESS~~	~~511 W. HIGHLANDS BLVD.~~	5.3 STREET ADDRESS	609 W. HIGHLAND BLVD.
~~CITY-ST-ZIP~~	~~INVERNESS FL~~	5.4 CITY-ST-ZIP	INVERNESS, FL 34452
~~TITLE~~	~~D~~	6.1 TITLE	S/D/T ☒ Change ☐ Addition
NAME	KOFMEHL, C. PHILIP	6.2 NAME	
STREET ADDRESS	502 HIGHLAND BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: CHARLES A. BLASBAND 1-20-95 (904) 344-6582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004000

ATTACHMENT TO 1995 CORPORATION ANNUAL REPORT
CITRUS MEMORIAL HEALTH FOUNDATION, INC.
FEI NUMBER 592890430

BOX 13 OFFICERS AND DIRECTORS CHANGES

7.1 D
7.2 Langer, David
7.3 502 Highland Blvd.
7.4 Inverness, FL 34452

8.1 D/V
8.2 Jones, Floyd L.
8.3 502 Highland Blvd.
8.4 Inverness, FL 34452

9.1 C/D
9.2 Sanders, James T.
9.3 502 Highland Blvd.
9.4 Inverness, FL 34452