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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34452-4720 US

3. Date Incorporated or Qualified: 03/27/1987
3a. Date of Last Report: 02/26/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 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	P	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	D	☐ DELETE	4.1 TITLE	SDT	☒ Change ☐ Addition
NAME	JORDAN, MARILYN		4.2 NAME		
STREET ADDRESS	502 HIGHLAND BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		4.4 CITY-ST-ZIP		
TITLE	SDT	☐ DELETE	5.1 TITLE	DV	☒ Change ☐ Addition
NAME	ALCORN, STEPHEN W.		5.2 NAME		
STREET ADDRESS	609 W. HIGHLAND BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		5.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	6.1 TITLE	CD	☒ 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		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Charles A. Blasband 1-22-96 352-726-1551

ATTACHMENT TO 1997 CORPORATION ANNUAL REPORT
CITRUS MEMORIAL HEALTH FOUNDATION, INC.
FEI NUMBER 59-2890430

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

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