2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90265 025 ****70.00

DOCUMENT # 740885

1. Entity Name
LEESBURG REGIONAL MEDICAL CENTER CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
600 E. DIXIE AVE. LEESBURG, FL 34748	600 E. DIXIE AVE. LEESBURG, FL 34748

02082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 Coates, CST~~
Street Address (P.O. Box Number is Not Acceptable) ~~215 North Tamiami Ave~~
City ~~Bradenton~~ FL ~~34205-3200~~ Zip Code

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 Coates~~ ~~2/15/05~~
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREWS, MAC 33640 OVERTON CIRCLE LEESBURG, FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT COLEMAN-COPAN 15714 ACORN CIRCLE TAVARES, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENT, KAREN 811 BERRYHILL CIRCLE FRUITLAND PARK, FL 34731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BINNEVELD, WILLIAM P 505 W GIBSON STREET LEESBURG, FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, GREGORY 108 ROSE AVENUE FRUITLAND PARK, FL 34731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWELL, PB JR 603 GIBSON STERET LEESBURG, FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, BARBARA 2 PALM DRIVE, THE SPRINGS VALAHA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Desirie Coleman PRESIDENT 2/15/05 352-323-5562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #