

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740885

FILED
Feb 22, 2007
Secretary of State

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

Current Principal Place of Business:

600 E. DIXIE AVE.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

701 NORTH PALMETTO ST. STE. E
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-1800743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIP BRAUN
301 WEST OAK TERRACE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOWWERSOX, BILL
Address: 505 GIBSON STREET
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: BENT, KAREN
Address: 811 BERRYHILL CIRCLE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Delete
Name: SHERMAN, JOANNE
Address: 425 S. WHITNEY ROAD
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: ROBUCK, IRIS
Address: 9431 SILVER LAKE DRIVE.
City-St-Zip: LEESBURG, FL 34788

Title: P () Delete
Name: COLEMAN-COHRN, DESIREE
Address: 15714 ACORN CIR
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: BROWN, GREGORY
Address: 108 ROSE AVENUE
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SHERMAN, JOANNE
Address: 425 SOUTH WHITNEY ROAD
City-St-Zip: LEESBURG, FL 34748

Title: VC (X) Change () Addition
Name: SULLIVAN, TIMOTHY
Address: 1521 PARK DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: S (X) Change () Addition
Name: NEWMAN, THOMAS
Address: 4132 BAIR AVENUE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: T (X) Change () Addition
Name: BENT, KAREN
Address: 811 BERRYHILL CIRCLE
City-St-Zip: FRUITLAND PARK, FL 34741

Title: D (X) Change () Addition
Name: COLEMAN-COHRN, DESIREE
Address: 15714 ACORN CIR
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DESIREE COLEMAN-COHN

D

02/22/2007

Electronic Signature of Signing Officer or Director

Date