

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 740885

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



Principal Place of Business

**600 E. DIXIE AVE.
LEESBURG, FL 34748**

Mailing Address

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



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**PHILIP BRAUN
301 WEST OAK TERRACE
LEESBURG, FL 34748**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE C
NAME SHERMAN, JOANNE
STREET ADDRESS 425 SOUTH WHITNEY ROAD
CITY-ST-ZIP LEESBURG, FL 34748

TITLE VC
NAME SULLIVAN, TIMOTHY
STREET ADDRESS 1521 PARK DRIVE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE S
NAME NEWMAN, THOMAS
STREET ADDRESS 4132 BAIR AVENUE
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE T
NAME BENT, KAREN
STREET ADDRESS 811 BERRYHILL CIRCLE
CITY-ST-ZIP FRUITLAND PARK, FL 34741

TITLE D
NAME COLEMAN-COHRN, DESIREE
STREET ADDRESS 15714 ACORN CIR
CITY-ST-ZIP TAVARES, FL 32778

TITLE D
NAME BROWN, GREGORY
STREET ADDRESS 108 ROSE AVENUE
CITY-ST-ZIP FRUITLAND PARK, FL 34731

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01/28/08-90017-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-08 352 323-5560