

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000010808

**Entity Name:** SPRING HILL METHODIST OF TRAXLER, INC.

**Current Principal Place of Business:**

23300 NW OLD BELLAMY RD  
ALACHUA, FL 32615

**Current Mailing Address:**

PO BOX 456  
ALACHUA, FL 32616 US

**FEI Number:** 93-3428946

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ODOM, DONALD M  
22210 NW OLD PROVIDENCE DR  
ALACHUA, FL 32615 US

*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

**Officer/Director Detail :**

Title D  
Name CRUSE, JASON  
Address 21821 NW 210 AVE  
City-State-Zip: HIGH SPRINGS FL 32643

Title D  
Name LOPEZ, DONALD  
Address 10617 NW 47 TER  
City-State-Zip: GAINESVILLE FL 32653

Title D  
Name HOWELL, JEFF  
Address 437 SW HOWELL ST  
City-State-Zip: LAKE CITY FL 32024

Title D  
Name SCOTT, HAROLD  
Address 1535 NW NOEGEL RD  
City-State-Zip: LAKE CITY FL 32055

Title D  
Name HOWELL, MELDA  
Address 437 SW HOWELL ST  
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR  
Name ODOM, DONALD  
Address 22210 OLD PROVIDENCE ROAD  
City-State-Zip: ALACHUA FL 32615

*I hereby 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 all other like empowered.*

**SIGNATURE:** DONALD ODOM

D

01/23/2024

Electronic Signature of Signing Officer/Director Detail

Date