

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

900001755309  
-03/25/96--01005--031  
\*\*\*61.25

DOCUMENT # 709608 (4)

1. Corporation Name

RAINBOW LAKES HOSPITAL ASSOCIATION, INC.

Principal Place of Business

2085 SW IVY PL  
DUNNELLON FL 34431  
US

Mailing Address

BRANCH P.O. BOX 320007  
DUNNELLON FL 34431  
US

3. Date Incorporated or Qualified  
09/17/1965

3a. Date of Last Report  
02/23/1995

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

26 SAME AS ABOVE

4. FEI Number  
59-2156790

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

10. Name and Address of New Registered Agent

CALVERLEY THOMAS  
20176 SW AUDUBON AVE  
DUNNELLON FL 34431

81 Name NO CHANGE

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

THOMAS CALVERLEY

(NOTE: Registered Agent signature required when reinstating)

Thomas Calverley

1-24-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE  
NAME CALVERLEY, THOMAS  
STREET ADDRESS 20176 SW AUDUBON AVE.  
CITY-ST-ZIP DUNNELLON FL

11 TITLE ☐ Change ☐ Addition  
12 NAME SAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP 34431

TITLE P ☐ DELETE  
NAME RHODES, DONNA  
STREET ADDRESS 31439 SW PLANTATION  
CITY-ST-ZIP DUNNELLON FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP 34431

TITLE VPD ☐ DELETE  
NAME PARMELEE, CHARLES  
STREET ADDRESS 4333 SW HYACINTH ST.  
CITY-ST-ZIP DUNNELLON FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP 34431

TITLE S ☐ DELETE  
NAME MALLOY, WINNIE  
STREET ADDRESS 3429 SW POMPANO  
CITY-ST-ZIP DUNNELLON FL

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP 34431

TITLE D ☐ DELETE  
NAME LYCHAKO, WALTER  
STREET ADDRESS 21428 SW RAIN TREE ST.  
CITY-ST-ZIP DUNNELLON FL

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP 34431

TITLE D ☐ DELETE  
NAME TOWER, HAROLD  
STREET ADDRESS 213 SW HONEYSUCKLE  
CITY-ST-ZIP DUNNELLON FL

61 TITLE ☐ Change ☐ Addition  
62 NAME TOWNER, HAROLD.  
63 STREET ADDRESS 21300 SW HONEYSUCKLE  
64 CITY-ST-ZIP DUNNELLON FL 34431

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Calverley

1-24-96

Date

352-4898360

Daytime Phone

352-4898360

CR2E037 (12/95)